DOCUMENT RESUME

ED 265 701 EC 181 391

AUTHOR Melnick, Curtis C., Ed.
TITLE 5 A's Dean's Grant Second Year Monograph. 1980-82.
INSTITUTION Roosevelt Univ., Chicago, Ill. Coll. of Education.
PUB DATE Jul 82
NOTE 149p.
PUB TYPE Guides - Non-Classroom Use (055) -- Collected Works - General (020)

EDRS PRICE MF01/PC06 Plus Postage.
DESCRIPTORS Counselor Role; *Disabilities; Games; Learning Disabilities; *Mainstreaming; Peer Acceptance; Preservice Teacher Education; Special Education; Staff Role; *Teacher Education; *Teacher Educator Education; *Teacher Educators

ABSTRACT

The monograph presents 12 papers on aspects of retraining College of Education faculty regarding mainstreaming of handicapped children. Papers grew out of the 5 A's Dean's Grant (Awareness, Access, Appropriateness, Assessment, and Accountability) at Roosevelt University. The following titles and authors are represented: "On Loving the Unlovable" (N. Kyndrup); "Understanding the Behaviorally Disturbed Child" (S. Kennell and P. Ammerman); "Training Teacher Trainers for Mainstreaming: A Packet Concept" (K. Okun and C. Wagner); "Involvement of Community Colleges in the Deans' Grant Program: Description of the Saint Rose Outreach Effort" (P. Lyon); "Minimum Competencies in Special Education for Music Education Students at Roosevelt University with Suggestions for Implementation" (G. Wilson); "5 A's Dean's Grant at Roosevelt University" (M. Showalter); "The Council for Exceptional Children: Starting a Student Chapter at Roosevelt University" (M. Policastro); "The Uneasy Case for Mainstreaming the Learning Disabled" (G. Mindes); "The Role of the Counselor in Implementing the 'Education for all Handicapped Children Act of 1973'" (J. Martins); "High Risk Infants of Teenage Mothers: Later Candidates for Special Education Placement" (E. Landerholm); "Parent and Staff Roles and Relationships in Programs for Young Handicapped Children" (E. Winkelstein); "Gamesmanship: An Additional Strategy for Minimizing the Negative Effects of Game Playing" (J. Henderson). (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED265701

5 A'S DEAN'S GRANT
SECOND YEAR MONOGRAPH
1980 - 82

College of Education
Roosevelt University
430 South Michigan Avenue
Chicago, Illinois 60605

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Gayle Mindes

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Curtis C. Melnick
Project Director

Miriam Showalter
Associate Project Director

George Olson
Research & Development

Gayle Mindes
Research Associate

Robbie Dockery
Proj. Coordinator/Newsletter Editor

Dyhan Slaughter
Project Secretary

EC181391

THE SECOND YEAR MONOGRAPH
1980 - 1982

On Loving the Unlovable.....Niels Kyndrup 1

Understanding the Behaviorally Disturbed Child.....Susan Kennell & Paula Ammerman 14

Training Teacher Trainers for Mainstreaming: A Packet Concept.....Kathy A. Okun & Cynthia Wagner 30

Involvement of Community Colleges in the Deans' Grant Program: Description of the Saint Rose Outreach Effort.....Philip Lyon 35

Minimum Competencies in Special Education for Music Education Students at Roosevelt University with Suggestions for Implementation.....George Wilson 41

5 A's Dean's Grant at Roosevelt University.....Miriam Showalter 51

The Council for Exceptional Children: Starting a Student Chapter at Roosevelt University.....Margaret Policastro 59

The Uneasy Case for Mainstreaming the Learning Disabled.....Gayle Mindes 65

The Role of the Counselor in Implementing the "Education for all Handicapped Children Act of 1975".....John Martins 78

High Risk Infants of Teenage Mothers: Later Candidates for Special Education Placement.....Elizabeth Landerholm 89

Parent and Staff Roles and Relationships in Programs for Young Handicapped Children.....Ellen Winkelstein 109

Gamesmanship: An Additional Strategy for Minimizing the Negative Effects of Game Playing.....James Henderson 133

ACKNOWLEDGMENTS

Many people assisted in the preparation of this monograph. Many hours of editing and copy reading were most efficiently and thoughtfully handled by Dr. Curtis C. Melnick, Dean of the College of Education, Roosevelt University.

Gratitude is also expressed for the contributions of Cynthia Lynch and Robbie Dockery.

Most valuable secretarial services were provided by Dyhan Slaughter and Diane Cahue.

We thank all who participated in the preparation of this monograph for their assistance.

5 A's Dean's Grant
Project Staff

On Loving the Unlovable

Niels Kyndrup*
President, National Teachers College
Ribe, Denmark

Ever since I read some ten years ago a short essay in the Danish Educational Magazine on "Loving the Unlovable," by the Norwegian children's psychologist Eva Nordland, this strange and controversial subject has been running through my mind, giving me uneasy feelings. I have felt it a problem in the various forms of educational work in which I have been engaged: On the one hand, not to let too much sympathy prevent me from demanding what must be demanded from people in development; and on the other hand, and this has been a heavier load, ever patiently going on helping just those whom you find it difficult to like, those whom you find it difficult to understand. And it is this latter problem which is our subject today.

One evening I was walking by moonlight on the beach near our summer cottage. I saw somebody coming towards me. It was a stranger. He was walking somewhat lingeringly and unsteadily. When I was passing him with a "Good-evening" grunt he stopped me, asking his way. A reek of beer was noticeable on the evening breeze; his speech was blurred and hesitating, as is often the case with people slightly intoxicated. "I walk here when I'm tight," he explained jauntily, "so as not to be run down on the main road." I finished with him rather quickly and thought how good it was that it was not my children who had run into an intoxicated male person here in our peaceful idyll. But before we said good-by he remarked, "And by the way, when you walk along the seaside you don't feel so lonely."

Then everything changed. My irritation disappeared. He was no longer an unpleasant alien being on my almost private shore, someone who disturbed my

fairyland. No, he had become a fellow human being. He was lonely and afraid, as we ourselves can be now and again. And, in addition, we had exchanged a deeper, common experience; when you walk along the shore you don't feel so lonely.

Security - freedom - security

Big sister of five, in a fit of bad temper, has bitten baby sister of two in the arm. Baby yells; big sister is on the point of repenting and is going to make it right again. Mother who has heard the yelling comes running into the room, comforts baby while big sister gets a scolding, "You disgusting kid; you are impossible to deal with!" Baby is comforted, big sister goes out, vindictive and injured, on the warpath, to tease some small friends on the road. Mother is only fond of baby sister, and she is intolerable and silly, but I'll show them....

Both you and I know from the children who are ours, or from those who are given into our charge, many situations like this. The big girl was actually repenting her aggression, and was alarmed by it. She, too, was actually in need of security, re-security, as Eva Norland calls it. But she does not have it.

Children must be allowed to count on security in their lives. Therefore education must have a certain consequence. Whether education is to be distinctly structured or distinctly free, I won't discuss in this lecture, but there must be certain limits. The unpredictable education is the worst of all. For outward reasons of order, offenses against limits in a child's home or school must have definite consequences. But he who has erred will be in need of re-security. One is not difficult because it is fun to be so, but because one is in difficulty.

Sofie Rifbjerg (a grand old lady in Danish Education) says in her book, Mentally Retarded Children, that these particular children have often heard, seek security with parents and family. Married couples seek security from each other. As an elderly schoolmaster used to say, "A good wife is one who keeps her husband down when he is up, and up when he is down, and vice versa." The good home gives

its children re-security.

Inferiority feelings

To be worth something, to hold one's own, is a conspicuous feature with all people, at least in our culture. Alfred Adler, a disciple of Freud who later formed his own school, called attention to the great importance of self-assertion for the development of the individual. He said that man fights with all means to make himself worthy of something. And it may be a certain weakening of this omnipresent need of self-assertion which makes people unsympathetic.

If a person experiences inferiority feelings, and it is the experience of inferiority that is crucial, not the objective inferiority, then he may react in various ways. All children will experience inferiority in relationships with grown-ups.

In the first place, the child may compensate (counter-balance) in the same area.

Secondly, the child may compensate in other areas which are socially acceptable.

Thirdly, the child may compensate in other areas, not socially acceptable.

In the fourth place, Adler speaks of reactive compensation.

In the fifth place, he may escape into day-dreams.

And at last in the sixth place, he may escape in neurosis.

I should like to say a few words about each of these six points.

Number one was compensation in the same field. If a child has difficulty in reading or doing sums, we parents and teachers say that he must make an effort. We expect that. We lend a hand, to try to help the child over the difficulties and we forget to note the progress the child is showing.

Very often we succeed, marvelous! Rightly we may quote: "The more you have wept for it the more you shall laugh!" Frequently teachers collect part of the

victory with pride, perhaps with a certain righteousness. But the biggest victory often belongs to the child himself. He was persevering and strong of will, he was a strong and healthy little person, able to go on and on, even if it was often uphill and in a head wind. Yes, some were working so violently on compensating their inferiority that it became overcompensation. Think of the old story of Demosthenes suffering from a speech defect. He filled his mouth with pebbles, went down to the sea, called to the wave to shout it down, and he became the greatest popular speaker of his days.

Some of our athletes, too, have reached far, just by overcompensating for an inferiority.

But a real compensation in the same field may come up against the limitation of ability. Where there's a will there's a way, you say. All right. If you want to do what you are able to, that is true!

In some cases we must show the children the opportunity for compensation in other fields than where the inferiority is located, and these fields must be worthwhile, i.e. socially acceptable, as we call it. I, with my ten thumbs, was no good at woodwork at school. A compensation in the same field wouldn't succeed, even if I took great pains. But a sympathetic teacher of woodwork gave me as a position of trust, the chance to sweep the woodwork hall after lessons. This was done scientifically, not only the middle, but also the corners. Here the ingenuity of love is actually needed, when we must show compensation in other fields for our children and youngsters.

Not being inventive in showing socially acceptable compensations, we risk having children find some that are not sociably acceptable. They want to hold their own in the eyes of friends or brothers and sisters, and perhaps now they are doing so by daring to say obscene and cheeky words to the teacher, by demonstrating sulkiness and offense, by pilfering money to buy a position in

the eyes of friends and things of that nature which you all know far too well.

The fourth thing I mentioned was the reactive compensation. What we can't do, or can't become, isn't much good. The grapes are sour! Nobody has negotiated with me about taking over the post as Minister of Education. And what do I say: "Minister! There is nothing in being that. And, by the way, you never know when you will be dismissed." In the same way we often hear children deny the good things that otherwise are popular with most people.

The day-dreamers, those who dream of a better life for themselves find themselves a hiding place, in the same manner as children who feel inferior seek for invisibility and safety. This may prevent a positive compensation. Many of our acquaintances make use of literature and other activities to escape from a world too gray and small. They are escapists as we call them.

The escape into neurosis, where obsessions, obsessive fear, and aggression are the prevailing symptons, are also well known, but this problem belongs mostly to the area of psychiatry not educators. Psychological and psychiatric help for our most suffering children, those now in treatment institutions, is today an acknowledged necessity.

Helping our children to greater self-reliance in their areas of inferiority and helping them find and support their self-assertion in new fields which are socially acceptable, stands as our most obvious educational task.

Praise and Blame

I must also say something about the educational means of praise and blame, in order to use praise and blame a little more varied than is usual. From the Norwegian Harbo and Myhre's Educational Psychology: Weak, desired features must be praised, even such small approaches toward what is right as an improvement in the grade book. Tiny victories must by all means be celebrated by the educator. Shout about it! Praise fulsomely! Weak, non-desired features must be neglected.

We mustn't always pay attention to small faults. It only disheartens the child. Stong, desired features must be accepted, not incessantly emphasized, but must be noticed. The more the strong feature is unique, the more it may be effective as a compensation for weaker features.

Finally, strong non-desired features must be blamed. The point is to praise without spoiling, and to blame without hurting. On the latter subject I have seen no better exposition than a chapter in a book by the Swedish psychologist, Alfred Nymann. It is called The Art of Blaming.

Here Nymann sets up some rules for blaming. He says that it must be given in the right place, at the right time, and in the right way. The right place will actually be in private, so that he who is blamed shall not suffer indignity. The right time is a difficult point, as Nymann says. It must not be early and not late, not before and not after meals. So you see it can't be at just any time. In the right way means that it must be constructive criticism in order to direct, and that it must be aimed at the matter, not the person. You don't say: "You are a fool!"

Good spirits and Humor

Humor is to see the great things in the small things, and the small things in the great. Earnestness and humor are closely connected. The grown-up person who has daily troubles with maladjusted children will reach much further if he is able to mobilize a bit of humor.

If we are able to mobilize some good spirits and some humor, things are often better balanced. Being tired and depressed, we are more pedantic, indifferent and critical towards our children; we scold and correct ad nauseam. With emotional balance we are able to cope. We are freer in our choice of where to correct and where to lend a helping hand.

A Chinese proverb says" "Great men do not notice the faults of small men!"

and a German philosopher has said: "Clocks are not always to be wound. Sometimes they must be allowed to run!" You are starry-eyed and/or simpleminded, some people will tell us, then we speak too confidently about dealing with our difficult children and youngsters.

Education with Confidence

Perhaps so, but our children will function better, other things being equal, when we show confidence in them rather than when we distrust them. Our attitude, positive or negative, will decide in which direction they are going. Løgstrup (a Danish philosopher) says in The Ethical Claim, "We have always part of the fate of our fellow human being in our hand."

Of course there are disappointments on the educational path to confidence and trust. I maintain that there are more disappointments on the path to distrust.

When our young people don't deserve our love and care, they are most in need of it. A Swedish colleague who was my guest presented me with the following Swedish saying: Love me most when I deserve it least, because then I need it most.

Sympathy, you know, is something that comes when we identify ourselves so much with the situation of others that our hearts go out to them.

Compassion

Compassion is to suffer with somebody else. Persons with inferiority complexes, invalids and other handicapped, very often don't receive compassion. No doubt the reason is that genuine compassion is so rare. When we are compassionate, we often reserve for ourselves the tiny thoughts: I'm glad it isn't I, and at that moment we do not suffer with the other one!

In Anne Frank's Diary a beautiful little episode about compassion is told, "When we do not like the poor food we have," Anne, the dear girl, says, "Mommy always tells us to think of those who are worse off." "But," says Anne, "when Mommy says this, I can't get a morsel down at all." That is true compassion!

Common joy (Comjoy)

A genial judge of human beings, Rochefocauld said: "Compassion demands that one be a man; common joy (comjoy) demands that one is an angel."

I suppose the word "comjoy" won't be found in the dictionary at all. Perhaps it is so rare that we do not need to have a special word for it.

As indicated, it is difficult to be truly compassionate with handicapped people, but we might start fostering compassion by taking part in the joy of others. If "common joy" is so difficult, no doubt it is because the worm of envy is gnawing within us. I had a good friend who won success in life. He bought a small car to drive and went about showing it off to his friends. Many of them did not accept this too well. "Can you afford that?" one said. Another one: "That's a poor little box! When I have a car, it must be a real one." Just a few took a sincere part in his joy. Being the kind of philosopher he is, he framed a new saying: "In good fortune you will know your friends!"

In the joy of our children we can take part without envy. They are thriving when we are happy with them.

Personal Sympathies and Antipathies

There are some people who have the strong opinion that all are entitled to their own private sympathies and antipathies. They want to be allow to sort their fellow human beings into groups of those they like and others they dislike. They think, indeed, that life becomes purer and sounder that way.

Whether you approve of this point of view will depend on your outlook. From Nietsche's superman point of view it suits beautifully (the Nazis made great progress because of their hatred for Jews). From a humanistic outlook it won't do, nor from a Christian one.

As parents and as educators, professionally or by vocation, we must fight our antipathies.

Antipathy will create a vicious cycle, you know. "The teacher has his knife in me," the pupil says, and he is often right. The teacher is an ordinary person with his likes and dislikes. The teacher, however, has an extra duty to be on his guard against the children he doesn't like, and who create difficulties at the moment. He must practice taking part in the sorrows and joys of these children, too.

You can't ascribe your antipathy to the behavior of the pupil or the child. It may also be due to the fact that the teacher has fixed ideas. If we have to look at heels of peoples' shoes to see if they are straight or worn down on one side, we'll see many more worn down heels than usual. We can train ourselves to look at people's heels and become pessimists who believe that all heels are crooked, because many people have trouble with their feet.

We can, also get into the habit of looking at people's eyes, and in spite of much that is askew and wrong with them, nonetheless begin to hope, and become optimists. There are frightened eyes and begging eyes, wondering eyes, sorrowful eyes and smiling eyes.

"Yes, but you must be sober-minded and look upon people as they are," some people will say. That depends, indeed, to which purpose, and with what consequences. In the work you are educationally engaged in, it will now and again be fruitful not to see everything or at least pretend as if you have not seen everything. It isn't always useful to treat people according to merit.

Goethe has formed it in this way: "If we treat people as they are, we make them inferior. If we treat them as if they were as they ought to be, we pull them upwards as far as they can be pulled."

"Children of a King"

As a very young man working in an observation camp for maladjusted children, I had a group of very difficult boys. I made a photo album with a portrait of each boy and wrote a few lines about each of them. I said to a woman colleague,

"I need an adage for the front of this album. Can't you find it for me?" "I'll think it over," she said. She thought for five days, then she said, "you can write on the front: They are the children of a king —."

The need among people for security and acknowledgement is great. This means that somebody will "be fond of me as I am, not because of my virtues, but in spite of my misdeeds." Most profoundly this is what we understand as love, and what makes it grow in the child. This is the act, too, that makes us wise. Grundtvig, the famous Danish philosopher-poet said, "He has never lived who truly was wise about that he did not first love."

It is Grundtvig, too, who says, "O Love itself, you quiet spring for the river of strength!" Such a quiet spring is needed for our children, so that something can start growing in them.

There are some people who only care for persons of a certain conforming type. Just as you can be interested in rare stamps or rare flowers it may be an enrichment to be interested in the variety given in the multitude of mankind.

Sofie Madsen, previously head of a Children's Home in Denmark, has written a book called What Children Taught Me. Here she gives expression to her fundamental attitude to the negatively varying children. She says, "when you become a nice boy (or girl), when you behave properly, then I'll be fond of you. "These children," she says, "need more than anything to feel I'm fond of you (implied: as you are, with your drawbacks and shortcomings)." Only then we can have the hope of something being put right. We do know these things. Remember what benefits may be built on our letting one of our most difficult of our children render us a personal favor.

The aggressive child as well as the anxious child needs re-security. Of course irregularities in behavior must have consequences, but never the consequence that the child is pushed further out in the insecurity which probably is

the deepest cause of the behavior disorder.

There are two inclinations in man -- the inclination to freedom and independence on one side and the inclination to security on the other side. Sometimes the tendency towards freedom and self-reliance prevails. Think of the "do it myself" and "let me" of the so-called "assertive age" at about 3 years of age, and "that's up to me, isn't it?" - tendency of the adolescents.

As a matter of fact, self reliance is the aim of education; therefore it is bad, Maria Montesori says, to help children with things they can manage themselves.

We grown-ups would like very much to meet this undisguised desire for security. Perhaps we were educated for a special calling because we had a well-developed desire to comfort and help and encourage. But the opposite need very often manifests itself more clearly, and is more unpleasant to us. Very often we think, "I'm very eager to help him, but he says that he is able and wants to manage. What ingratitude!"

Parents will be attached to their children.

Children will always tend to grow away from their parents. He who calculates on eternal ownership of children, his own or those belonging to others will be cheated in the summation of life, if this is his only investment in life.

This cannot be said more distinctly than in the following poem, translated from the Indian, Kahlil Gibran:

"Your children do not belong to you
You may give them your love
But not your thoughts
Because they have their own.
You house their bodies
But not their minds.
Because their minds live in the house of future

Which you can't visit, not even in your dreams.
You can aim at being like them
But do not try to make them as you are
Because life does not go backwards."

Where does our way go from here? It leads, we acknowledge, to both needs. They are not, contrary to all appearances, opposite to each other, but balance each other for our whole life. They are complementary, we might venture to say. If we for some time have had too much security, we are longing for adventure, for travelling, for experimenting, for trying something new in our work. If we have had too much insecurity in our lives, we need firm and steady conditions. "East - West - Home is best" we quote, when we have travelled far enough and long enough.

Think of how much happiness we have in our family life. Children want to get away from their home. While they are young, they move only reluctantly from the domestic door. They must have the opportunity of quickly running in to Mommy, if the world becomes too big or ominous (hostile). Our bigger children may come home from school in low spirits when something has upset them, and says, "There had always been something that repelled me when someone spoke derogatorily of, or passed verdict on, any person or child. My strong solidarity with everything alive manifested itself. I couldn't get rid of feeling what these condemned and expelled people must experience by the verdict of others."

At the very last I'll warn against much deprecating type definitions of children: silly and lazy, even if you use fine names.

Professor of Psychology in Munich, P. Lersch, said, "Man is a unique one-time phenomenon which can never be replicated. This individuality, in its deepest nature, cannot be explained or described rationally. Only love is able to sense some of it. Therefore we demand that all psychological research show veneration

and respect for this individuality. Only when this commandment is fulfilled, can psychology, the science of man, give a picture of man's humanity."

*Niels Kyndrup holds a lifetime appointment from the Queen of Denmark as President of the National Teacher's College, Ribe, Denmark. He is a recognized authority in special education in Denmark. Dr. Kyndrup delivered the George Ivins lecture at Roosevelt University, October, 1974.

Understanding the Behaviorally Disturbed Child

Susan Kennell
Paula Ammerman
Gary Community Mental Health Center

Introduction

These are uncertain times in education. The Reagan administration has cut federal and state funds for education, and has even recommended the revocation of P.L. 94-142. Today's regular classroom and special education teachers require broad understanding of children's problems, especially when special programs and services seem likely to be eliminated. This paper will discuss a type of student who may be placed in a special education room or mainstreamed into the regular classroom. The behaviorally disturbed* child may or may not be specifically labeled, but he (the term includes children of both sexes) certainly has an impact on classroom activity and curriculum planning. The purpose of this paper will be to identify and understand the behaviorally disturbed child through theoretical information and examination of a case study. It will be demonstrated that this type of behavior problem stems from an early, incompleted development of the mother-child** relationship, which causes behavior difficulties throughout the individual's life. Problems such as mental retardation, brain damage, physical handicaps or psychotic illness are not addressed by this paper. A number of suggestions will be offered for teachers to effectively deal with behaviorally disturbed students.

Description

The behaviorally disturbed child can be viewed in terms of two socialization functions: the relationship with others and the ability to master academic tasks.

*More specifically, theorists such as J. Masterson, and O. Kernberg, refer to this psychological entity as the Borderline Personality Disorder.

**The term mother is used to signify the infant's primary caretaker and may be male or female.

In terms of the relationship with others, this child usually has very poor relationships with both teachers and peers. It is not unusual, however, for this child to develop a special relationship with one teacher. The child idealizes this teacher and sees him as "all good." Other teachers are experienced as "bad" and "out to get" the child. There is a significant absence of realistic assessment of human character. People and situations are experienced in terms of absolutes, all good or all bad. In addition to this distorted view of relationships, this child may be combative with rageful outbursts and poor impulse control. He may be verbally and physically aggressive. He may also be involved in petty lying, stealing, and other types of self destructive behavior. Adults usually experience this child as withholding, demanding, manipulative, infantile or clinging.

In terms of academic performance, the behaviorally disturbed child often functions well below his potential. He often has a history of inconsistent school attendance with a plethora of health complaints. Many behaviorally disturbed children are described as being hyperactive and as having poor attention spans. However, neurological examinations usually fail to find an organic base for these symptoms.

The behaviorally disturbed child has an uncanny way of stimulating volatile feelings in other people. The child's overwhelming sense of trouble and helplessness draws others to him. People want to help, to respond to neediness; but somehow, it never works out. Nothing one does seems to be enough, and everything seems to make matters more confused and complicated. A teacher may end up feeling angry, frustrated and helpless. These most unpleasant and exaspertating feelings, which this child seems to omnipotently inflict on others, are the behaviorally disturbed child's unique communication about the way in which he experiences the world. He causes others to suffer just as he suffers.

Whether the behaviorally distrurbed child presents the acting out, aggressive

and withholding behavior or the clinging, helpless behavior, the underlying conflict is the same. The manifest behavior results from this child's unsuccessful attempts to positively, emotionally separate from the primary caretaker. His earliest attempts to emotionally separate left him feeling frightened, angry, and very much alone. This infantile struggle around emotional separation continues to be reenacted in all subsequent relationships, including his present relationships with teachers at school.

The behavior which this child presents has a particular meaning in sustaining the infantile maternal-child relationship and struggle. That relationship becomes an emotional tug-of-war between wanting to be an autonomous individual in the world, grand and omnipotent, and wanting to remain with mother and be magically cared for and gratified. However, either position is perceived by the child as dangerous. Whether he is close and clinging or distant and separate, he is left with uncomfortable feelings of anger and fear. For if this child is separate, grand and omnipotent, then he is painfully aware of his aloneness and fearful for his survival. His own power frightens him and he experiences himself as bad. If he has all of his wishes fulfilled by others, then he becomes controlled and emotionally engulfed by the person who is gratifying him. The child experiences the other person as having too much power, which also is dangerous, and the child perceives that person as bad.

The behaviorally disturbed child develops a very distorted view of the world and his relationship to it. He feels confronted with a constant and pernicious dilemma. For this child, the idea of being separate and independent stimulates the fear of being emotionally engulfed by others and losing the sense of having a self. The particular behavior which this child presents is his means of coping with these two fears. The aggressive, acting out behavior and the withholding, withdrawn behavior are used by this child to cope with and protect himself against the fear of

being emotionally engulfed. The clinging, helpless, dependent behavior is used by this child to protect himself against the fear of being abandoned. In either case, the survival of the self is threatened. The behaviorally disturbed child uses his behavior to modulate his closeness and distance to other people and the danger he perceives in them.

Theoretical Understanding

The observation, studies and writings of Margaret Mahler provide a useful framework for understanding normal human development. In addition, her work offers invaluable insight into abnormal development. Mahler and her colleagues (1975) posit two simultaneous developmental tasks of the normal child. First, is the gradual emergence from an infantile mother-child unit to an autonomous, independent being. This concept is designated as the positive, emotional separation of the child. The second task consists of the normal child's assumption of his individual characteristics. This process is called individuation. Mahler exemplifies the progression of the child's separation-individuation task (1971) through her developmental phases. Three sub-phases of the separation-individuation progression are germane to the symptomology of the behaviorally disturbed child. A clear understanding of normal development will highlight the behaviorally disturbed child's problems.

The first phase is the Differentiation Phase beginning at approximately 5-10 months of age. This is a time when both the emotional and biological aspects of the infant are becoming more defined. Specifically, sensory perceptions are less opaque with the infant's world becoming clearer in all areas. The blurred figure that feeds the infant becomes more defined. The infant begins to associate the pleasurable act of feeding with his mother. The mother's presence alone becomes an experience of pleasure for the child. Both mother and infant are becoming attuned

to one another and are sensitive to each other's cues and signals. The mother can recognize the baby's various cries signifying his differing needs. Mahler calls this phenomenon "Mutual Cueing" (1975). This may be exemplified by thinking of a baby seated on a table starting to lose its balance. Even out of the corner of her eye, the mother, almost reflexively, reaches out her arm to sweep the child from the danger of falling.

The infant's smile becomes more specific as well during this phase. This brightens the mother's delight in her child's exhibitionism. The baby begins to sense that just being near his mother makes him feel good, and conversely, being without her feels bad. The child is therefore developing more sensory discrimination between familiar and unfamiliar stimuli, with a special attachment to his primary caretaker. He begins to know his mother's many features, such as the sound of her voice, her smell and her specific touch. For the infant in this stage of development, when the mother is not in sight, she is not kept in the infant's mind. (Erikson, 1950) This then can cause some discernment in the child and the phenomenon of "stranger anxiety" is apparent. (Spitz, 1965) Others who may hold and try to comfort the infant may find him requesting only its mother for the special response. This important phase of differentiation thus becomes the infant's first way of organizing his world. This is referred to as the infant's "love affair" with his mother.

The second overlapping step of the child's development is called the Practicing Phase (approximately 10-18 months). This marks the age of locomotion for the child with physical movement away from the mother. The toddler, still having his mother as the center of the universe, gradually moves out into ever-widening circles. He begins a greater exploration of the outer world aided by his increased mobility. His sense of muscular control becomes more refined with the acquisition of walking. The child's plane of vision, as well as new visual perspectives, come into focus.

An increase in sensory responsiveness and general sense of body exhilaration come about in this new upright position. The child experiences a grand feeling of omnipotence--the world is his oyster! The mother, however, is still important; yet, due to to this venturing farther from her, he often becomes absorbed in his own activities and may seem oblivious to his mother's presence. However, one often sees a looking back or actual running back to home base for emotional refueling. (Mahler, 1975) Brief periods of physical contact with mother are common at this time and seem to help charge or renew the toddler. He then can return to his exploring and own activities. A toddler's blanket or other item may be seen as a prop to help aid in the practicing of separation from mother. Peek-a-boo games are often played, again being a necessary flirtation with the pull towards mother and the push for autonomy.

This is a time when mother must act as an organizer for the toddler. As the child becomes so absorbed in his lover affair with the world, the mother must step in at times to set limits. This is done primarily for the child's safety and also begins his orientation to the external world. This marks the first time the mother and child must be at odds with one another. The saying of "no" becomes important as this furthers the child's differentiation of himself from others.

The third stage is called the Rapproachment Phase, or in our terms the struggle between two loves, the mother and the outside world, at approximately 18-24 months. The child is becoming emotionally more aware of his separateness and can enjoy his mother from an even greater distance. He has a need to have mother share in his new experiences and skills, as well as her love. He continues his need to be close to her and a characteristic pattern of shadowing and daring (Mahler, 1975) may be observed. The child may want to watch and follow his mother in her every footstep, then dart away with the expectation that she will sweep him back up into her arms. This reenacts the child's wish for reunion with his mother and opposing fear of re-

engulfment by her. This playing over of the push into the outside world, the uneasiness without mother, and the running back to her for love and assurance, is a necessary repetitive theme. To move away brings about the feelings of abandonment for the child, as does the opposing fear of being engulfed and swallowed up, as in the earlier phases of development. This becomes the child's real dilemma at this stage.

The mother plays a predominant role at this time. She must be emotionally available to the child's struggles and be sensitive to his conflicting feelings. Communication becomes available which brings the interactions to an even higher level. The mother must contain the child with stability, love, and understanding. She must not be threatened by his movement in either direction.

The father comes into play significantly at this time to act as a catalyst to facilitate the separation in the dyadic relationship. The father's relationship with the child acts as an experiential bridge into the outer world.

Generally, two main difficulties can ensue in the parenting tasks. First, a mother's own difficulties with separation can predominantly effect her mothering activities during this phase. She may, due to her own inadequacies, want to have her child remain as an infant. She may actually encourage clinging, dependent, infantile behavior. This therefore discourages appropriate independent strivings. Due to her own feeling that her child is abandoning her, she may react to his push for autonomy by withdrawing her love. When this is done, the child is left feeling that should he grow up and separate, he will be alone and without his mother's love. One example is: a child's move away from his mother and she responds to herself, "A minute ago you didn't want me, now I don't want you." She feels hurt and abandoned and therefore withdraws her love which leads to the encouragement of regressive, dependent behavior.

A second failure can also occur due to a mother's difficulties with separation

issues. Rather than reacting to a child's push for independence by using withdrawal, an acute retaliation is seen. The mother feels rejected and angry. She pushes the child away or responds with harsh discipline. Even more problematic is her abandonment of parental responsibilities in failing to set appropriate limits. With the child's independent strivings, the mother thinks to herself, "You think you can manage on your own, well go ahead." This often forces a child into a pseudomature stance and again he feels abandoned. This only increases his clinging, demanding, and angry behavior. This may also heighten his own sense of omnipotence and he may feel that he must take care of and be in control of not only himself but also his inadequate parent.

Regardless of the mothering failure, the child is left to feel abandoned and frustrated and these separation issues remain. He may mask these feelings with anger, demandingness, helplessness, manipulation, clinging or withdrawal. Due to a lack of of, or harshness of limit setting, the child is left with a poor sense of trust and security. All relationships are experienced as a recapitulation of this parenting failure. This is why we repeatedly see this scenario in the classroom with teachers and peers.

The following case study will exemplify these issues.

Case Study

> Laura is a 12 year old white female who had been experiencing difficulties at school for the past three years. Difficulties were manifested by below average grades, altercations with teachers and students, ignoring teachers, refusing to talk and rageful verbal outbursts. Her mother reported similar behavior at home. Laura described her problem as "teachers who pick on me." She later stated that she no longer gets into trouble because she doesn't say anything.

An understanding of this case begins with the constellation of symptoms. This is a child who has great difficulty in her relationship with others (teachers, peers, and mother). She presents both the aggressive, acting out behavior (physi-

cal altercations and rageful verbal outbursts) as well as the withholding, withdrawn behavior (refusing to talk, ignoring others). She describes her problems as others intruding on her. She experiences people in the external environment attacking and engulfing her (teachers pick on her). Her initial response to the experience of being attacked is through aggressive behavior; then she attempts to protect and distance herself by utilizing the withholding, withdrawn behavior by refusing to interact or acknowledge others.

> According to Laura's history, her delivery was normal and without complication. Mother stated that her "feelings about Laura changed the moment she saw her." Mother reported no early difficulties except that she seemed to cry a great deal. Laura's major developmental milestones were achieved within normal limits.

Laura's delivery and history during infancy appeared to be relatively without complication. Also, cognitive and physical developmental tasks were accomplished at the appropriate age. From these facts, there is no indication of any organic dysfunctioning. However, there is the first suggestions that the maternal environment for Laura was less than optimal. The mother's ambivalent feelings are first alluded to in her statement "my feelings changed the moment I saw her." Evidence of Laura's excessive feelings of frustration during infancy is indicated in the mother's comment about Laura's crying.

> At four months Laura was sent to live with her grandmother. She lived there for one year until Laura's mother married and Laura returned to live with her mother and stepfather. The marriage was unhappy and the couple divorced when Laura was five.

Laura experienced a prolonged separation from her mother at a very crucial period of psychological development. When she was reunited, the mother's emotional availability to the child was influenced by the stress of a chaotic marriage.

> At age five Laura entered kindergarten. She cried frequently at school, sucked her thumb, had allergies and eczema, and was very shy. The teachers, however, never commented that she was a behavioral problem.

A child who does not present aggressive behavior is rarely identified as a

behavioral problem in the primary grades. However, regressive, dependent behavior is just as indicative of a behavioral disturbance as the aggressive, acting out behavior. Laura's reaction to the major separation from mother upon entering kindergarten resulted in helpless, infantile behavior. Her shyness points to her difficulties in relationships and reflects her withdrawn behavior. The thumb sucking again indicates the level of frustration this child experiences and her attempts to sooth herself by returning to earlier methods of oral gratification. Laura presents the numerous somatic complaints that are characteristic of the behaviorally disturbed child. These health problems magnify her helplessness and keep Laura very dependent on her mother.

> Laura reached menarche at age ten. At this time her mother began to notice problems with Laura in terms of difficulties with teachers, obstinacy, temper tantrums, poor impulse control and rebelliousness. There was much conflict between Laura and her mother around issues of dressing and following instructions.

At this time, there is an abrupt shift from the dependent, clinging behavior to the aggressive, acting out behavior. What is remarkable in Laura's case is not the fact that the behavior is present, but the degree and pervasity of both behaviors.

> Laura had never seen her father although she knew his name. Just prior to entering psychotherapy, she began talking about wanting to contact him. Her mother explained that she could not contact her father because he denied that she was his daughter.

There is some indication here of the intensity of the relationship between Laura and her mother. The significant third person who acts as a bridge out of the mother-child relationship and into the world beyond is not available. When Laura attempts to reach out beyond that mother-child dyad, the mother quickly restricts that behavior. Shortly following this event Laura was brought for psychotherapy.

> When Laura was first evaluated, she was a large, overweight 12 year old girl dressed in frivolous, childish clothing. Her manner was mostly unspontaneous with no indication of bizarre or

> psychotic thinking. She was primitive and absolute in the way in which she experienced herself as being victimized by the outside world. During her first interview she stopped talking entirely, refused to make eye contact and was tearful.

The mother continued to infantalize Laura even at her age as exemplified by Laura's childish dress. Laura defends against intrusiveness by utilizing withholding behavior. She continues to express her intense sense of anger, frustration and helplessness.

The mother's history is pertinent to understanding the dynamics of this mother-child relationship. Her own unresolved separation issues significantly determine the character of her interactions with Laura.

> Laura's mother was the youngest of seven children. Her father died when she was young and the older brother assumed responsibility for the household. Laura's mother describes her family as close, but strict, with no outward show of affection. She wanted very much to please her mother but had difficulty doing so.

Laura's mother's position within the family was one of dependence. There was a strained relationship between her and her own mother. There is the sense of an unfulfilled longing in that relationship.

> At age eighteen, after conflict with her mother, she moved to a distant metropolitan city. She immediately became pregnant with Laura. Laura's father denied his paternity to Laura.

The mother attempted to solve her own dependency issues. Like Laura, when she experienced herself as being intruded upon and engulfed by her relationship with her own mother, she distanced herself by abruptly moving away. Overwhelmed by her loneliness and her dependency longings for closeness, she immediately became pregnant. The father of the child exists for Laura's mother primarily as a means of giving herself a baby to fill her own sense of emptiness. Later, when Laura's mother sends Laura to her maternal grandmother, it can be viewed as Laura's mother trying to give her mother a replacement for herself.

> The pregnancy for Laura's mother was very unpleasant but without serious physical complications. She had difficulty accepting

> the pregnancy. She was afraid to tell her mother about it. She felt frightened and alone. She moved across country to live with her brother during the pregnancy. She was extremely depressed and dependent on him.

The mother again gives us indications of her own ambivalence about Laura in her difficulty in accepting the pregnancy. The mother also presents the clinging, helpless dependent behavior which Laura demonstrates.

Again we see the similarities between the mother and the child: the unmet dependency needs and longings, the frustration of those longings and the anger that results, the clinging, helpless, infantile behavior. The interplay between Laura and her mother became a struggle in which both seem to have similar needs.

Laura remained in psychotherapy for three and one-half years. She was seen individually as well as with her mother. There was much additional communication with the school, helping them to understand the appropriate stance to take with Laura. The work with mother focused primarily on helping her assume her appropriate parental role in which she can be an adult parent relating to her child. This was helpful to Laura in allowing her to appropriately experience herself as a child to her mother, a relationship in which her own nurturing needs were adequately met without being overwhelmed. During the course of treatment her relationship with her mother significantly improved. She and her mother were able to talk more freely together, the level of conflict between the two of them became managable and a more trusting relationship developed. Her school work also improved and in high school, she was placed in a college preparatory track.

Her relationship with teachers improved. Although they continued to be strained and were generally devoid of spontaneous warmth, the earlier disruptive behaviors were rare. She also improved her relationships with peers and was able to participate in several outside activities. In addition, she began to form an identification with her therapist, choosing to work as a child care worker during summer vacation.

In psychotherapy Laura's behavior was dramatically different. During her last two years of treatment Laura refused to say a single word to her therapist inside the treatment room. She would occasionally grunt to her therapist in the waiting room, but once inside the treatment room she refused to speak or participate in any type of activity. In addition, in her three and one-half years of treatment she never failed to attend one of her weekly sessions and when it was necessary to cancel a session, she always accepted a substitute appointment.

Unlike Laura's initial presentation of both the aggressive, acting out behavior and the withholding, withdrawn behavior, a change was observed. The therapeutic relationship within the treatment room became a safe environment for her to express her intense feelings of rage. Her withholding behavior within the treatment room became the exclusive expression of her rage and hostility. This containment allowed her to function more positively outside of therapy.

Suggestions for Teachers

All teachers at one time or another have been exposed to the trying nature of behaviorally disturbed children in the classroom. The special revenge they pose to make others feel their frustrations is particularly difficult for the teacher. Certain strategies are effective, however, in controlling these students and limiting behavioral disruptions. Three essential strategies for classroom management with behaviorally disturbed children must be kept in mind: neutrality, consistency and limit setting.

Neutrality is a stance whereby one must not be overly devaluing or punitive; nor overly nurturing. To react in either way only repeats the initial stance taken by the inadequate mother. The teacher must be neutral.

Consistency implies adhering to one's standard rules. All persons have rules and regulations and, it is essential to follow them. This helps to instill trust in an adult and helps the child to understand what you expect of him. Rules must be

clear, and the carrying out of them must be consistent.

The setting of limits is essential. Teachers must intervene and provide controls when appropriate. One must not allow feelings to escalate so that the teacher or the child loses control. The "ignoring" of a child may also be a catastrophe as he is badly in need of restraints, not passivity or lack of responsiveness by an adult. Provide those limits that the child did not experience in his earlier development.

Some common "pitfalls" that may occur in the school situation are as follows: one circumstance might involve a teacher being drawn into the child's helplessness or anger. In order to relieve him or yourself from the frustration created, it is tempting to participate with him, (i.e., a veral fight). A second reaction to this situation might be the teacher's withdrawal from the child. If a child is escalating with his feelings or temper, ignoring this will only lead him from a verbal situation to an active one, (i.e., from cursing to throwing a chair). Again, the withdrawal only reminds him of his earlier parenting experience laden with frustration. The child may feel abandoned by the teacher's lack of responsiveness, thus evoking more anger. This is where the neutral stance is most helpful and must be utilized.

The teacher must not allow him/herself to feel the frustration that the child is experiencing. The child may want the teacher to suffer with the pain he is feeling. However, it is important for the teacher to use herself as a barometer. When the teacher feels herself becoming enraged and/or frustrated, she must step out of the current situation and examine it. She should be observant about her own feelings and sort them out from those of the child's. With this distance, her neutral stance can be re-instituted in order to resolve the situation.

The issue of manipulation may arise frequently. The child, in his own special way may have the teacher make special arrangements for him. A tendency on the

teacher's part may be to provide this, in order to prevent further frustration for both herself and the child. An example might be a homework assignment. The child might plead with the teacher to extend a deadline for him. Being drawn into his helplessness the teacher might make "just one exception." Commonly, the child will not be able to meet this second deadline. This causes much more disappointment and frustration as the teacher will end up feeling manipulated and/or "fooled." The child feels that he has let both the teacher and himself down and ends up even more exasperated. The appropriate action then is to adhere to the usual rules and deadlines and set this limit for the child. Do not be drawn in!

As has been previously discussed, this child may see one teacher as "all good" and another as "all bad." This can be prevalent particularly in the mainstreaming situation. For a moment, one teacher may actually believe that the other teacher has a better answer or method in managing this student. One teacher then may be pitted against the other, which, to the child, may feel like the only way he can have his needs met without frustration. Again it is important not to be drawn into this struggle and communication with colleagues with colleagues will prevent this.

Lastly, the issue of this child's parents will be addressed. The parents have been seen as having similar difficulties with separation issues. They appear with infantile methods of dealing with the world and parental responsibilities. Therefore, it is imperative not to succumb to their feelings of helplessness, demandingness, manipulation and anger as mechanisms to manage relationships. An example of this might be the parent who has not shown up for six parent-teacher conferences all school year and angrily comes into the classroom at 8:29. She demands, "why haven't you taught my child how to read? Why haven't you told me about him flunking?" The parent, in her way, is trying to make the teacher seem inadequate and puts the blame on her. Again the neutral stance is important. Do not be drawn in by their demandingness nor become angered by them. The teacher may have to set limits with

a parent in the same way she does for their child. It is also useful to help them to act as the adult, in the appropriate parental role. This then allows the child to act as the child, with less of a need to control his world and feel so frustrated.

To reiterate, the three essential strategies are neutrality, consistency, and limit setting. These apply to both the child and his parents who have experienced difficulties in the separation-individuation phase of development.

Encourage the adult to act in his role and the child in his. Be the model for them, that they need and lacked in their earlier development. In sum, understanding of the behavioral disturbed child and usage of these strategies will help provide effective management in the classroom containing behaviorally disturbed children, and will allow the teacher to have more time to teach.

Training Teacher Trainers for Mainstreaming: A Packet Concept

Kathy A. Okun
Cynthia L. Wagner
University of Michigan

Although the legal force of P.L. 94-142 has only indirectly pointed a finger at teacher training institutions, teacher educators have in fact been charged with a critical role in the mainstreaming process, in re-educating in-service teachers, and in providing the initial training for pre-service teachers (Reynolds, 1975; Reynolds, 1978; Witty, 1975). Educators who acquire appropriate skills for educating children with handicaps in regular classrooms during pre-service training will have the competencies enabling them to be successful in their initial mainstreamed encounters. Initial success often fosters positive attitudes and self confidence on the part of educators which can contribute to successful outcomes of mainstreaming (Paul, Turnbull, and Cruickshank, 1977).

Yet, teacher educators have hesitated to include the mandate in their preparatory curricula for many reasons: they may be concerned that mainstreaming will be just another passing fad (Howe, 1975; Weisenstein and Gall, 1978; Reynolds, 1978); they may lack expertise and/or direct experience with handicapped students (Wilderson, 1975; Fishell and Fox, 1976); they may believe that the role of training should lie with special educators (Sharp, 1978); and/or they may just be caught up with the time constraints of their current programs (Weisenstein and Gall, 1978; Reynolds, 1978; Paul, Turnbull, and Cruickshank, 1978). Whatever the reasons for their initial reluctance, the teacher education faculty remain the pivotal group for implementing a mainstream curricula due to their direct, on-going interaction with pre-service teachers.

Consistent support efforts are necessary to encourage and facilitate positive awareness and growth on the part of education faculty. At the same time that assistance is provided, assurances must be made that the existing curricula are valid and useful as foundations for incorporating additional concepts.

Responding to Mainstreaming in Teacher Training

One way to address pre-service level training in mainstreaming is to reconceptualize responses to the innovation itself. Mainstreaming does not fit the mold of most innovations nor is its primary emphasis either radical or reactionary in nature. In fact, many teachers and teacher educators versed in mainstreaming principles will admit that strategies used with special needs students in regular classrooms are just "good" teaching techniques useful for all children. Practically speaking, P.L. 94-142 is not demanding that teachers learn a completely new way of teaching, but rather to learn how to adapt what they're already doing to include a wider range of child variance. At the root, is an expansion of what is already in existence. Current teaching practices are not attacked so much as teachers are required to modify and expand on what they already do.

Teacher educators know much more about mainstreaming than is usually credited them. Elementary and secondary teacher educators routinely cover in their regular curriculum such topics, for example, as remediation strategies, learning problems, and management techniques. Expanding on these already acquired skills is probably more practical than completely redesigning the entire education curriculum. Some examples:

- Expanding the methods unit on materials selection to include an overview of sense modalities (e.g. visual, auditory, and kinesthetic) with rationale as to why these should be considered when choosing appropriate materials for students with certain physical and sensory limitations.
- Expanding the social foundations lecture on self-fulfilling prophesies and teacher expectations to include a discussion of the pros and cons of labelling children with handicaps.
- Applying the theoretical content on behavioral objectives covered in educational psychology to the writing of an Indi-

vidualized Educational Plan (IEP).

Facilitating supportive growth is generally more appealing then mandating change. Certainly, it is a more realistic approach. One way to expand skills and knowledge in a supportive way is through the use of a 'packet concept.' Course-specific 'packets' of materials are convenient tools for adding to the existing skills of faculty members. Presenting the concept in the form of shared readings and activities serves to heighten awareness in a non-threatening, supportive fashion.

The Packet Concept*

Based on the premise that instructors already possess the basic skills necessary to instruct pre-service teachers in the fundamentals of mainstreaming, a 'packet' concept was designed** to facilitate the integration of information and skills specific to P.L. 94-142 into the existing curriculum. The format of each packet presents a goal, followed by specific objectives. Each objective is supported by an overview, a variety of specific in-class activities, student handouts, background readings, media references, and suggestions for where the packet material might be integrated into the regular course material. Unlike a module structure, this format promotes individuality of presentation as well as choice of methods.

Every packet covers elements of a specific topic area, including an overview of P.L. 94-142 and the mainstreaming concept; identifying special needs students; writing a basic IEP; and modifying and adapting curriculum. Packets are then infused into the teacher education sequence, so that, by graduation, each student will have had fundamental exposure to the mandate and the minimal competencies necessary to implement it.

---

* Requests for more information should be directed to Dr. Okun or Dr. Wagner, Deans' Project on Mainstreaming, The University of Michigan, 2339 School of Education Building, Ann Arbor, MI 48109.

**The University of Michigan Deans' Project on Mainstreaming. U.S. Office of Education, Bureau of Education for the Handicapped, G007901025.

Initially, faculty may be externally supported in their efforts to use the packets. In our experience, the following assistances have proven useful:

- Taking responsibility for xeroxing classroom sets of readings.
- Demonstrating for the faculty members several of the activities in his/her course.
- Jointly planning where certain content might be best presented.
- Assigning a graduate student assistant to individual faculty members for the purpose of implementing the materials.
- Providing release time for small teams of faculty to meet for purposes of reinforcing and facilitating further inclusion of mainstreaming material.

Currently the packets have been integrated into all required training courses. Preliminary feedback measures suggest that instructor usage of the packet is high with efforts to use the materials in courses successful. Initial knowledge assessments conducted on students enrolled in target courses indicate an average 90% competency level attained as a result of the packet materials being used.

Underlying the packet concept is the belief that change must be approached by expanding the old to incorporate the new. This concept makes use of the expertise already in existence, whil supporting further growth. Existing resources of teacher educators are employed and expanded upon to provide training that will ensure the best possible educational environment for all students.

REFERENCES

Fishell, K. N. & Fox, W. L. Facilitating mainstreaming in preservice and inservice training programs in higher education. In Shared Responsibility for Handicapped Students: Advocacy and Programming, P. H. Mann (Ed.). Florida: Banyan Books, 1976.

Howe, C. E. Speculations regarding mainstreaming and collective bargaining in education. In Handicapped Youth and the Mainstream Educator, R. A. Johnson, et al (Editors). Minnesota: University of Minnesota Press, 1975.

Paul, J. L., Turnbull, A. P., & Cruickshank, W. C. Mainstreaming: A Practical Guide. N.Y.: Syracuse University Press, 1977.

Reynolds, M. C. Current practices and programs in training the mainstream educator. In Handicapped Youth and the Mainstream Educator, R. A. Johnson, et al (Editors). Minnesota: University of Minnesota Press, 1975.

_____. Basic issues in restructuring teacher education. Journal of Teacher Education, 29(6), Nov.-Dec. 1978, p. 25-29.

Sharp, B. L. Unresolved issues for teacher educators. Journal of Teacher Education, 29(6), Nov.-Dec. 1978, p. 39-41.

Weisenstein, G. R. & Gall, M. D. Adapting teacher education to include mainstreaming: Deans' Grants Projects. Journal of Teacher Education, 29(6), Nov.-Dec. 1978, p. 22-24.

Wilderson, F. B. Coping power of the mainstream educator - critical issues and problems. In Handicapped Youth and the Mainstream Educator, R. A. Johnson, et al (Editors). Minnesota: University of Minnesota Press, 1975.

Witty, E. Preparing teachers for mainstreaming in the department of elementary education. In Shared Responsibility for Handicapped Students: Advocacy and Programming, P. H. Mann (Ed.). Florida: Banyan Books, 1976.

INVOLVEMENT OF COMMUNITY COLLEGES IN THE DEANS' GRANT PROGRAM: DESCRIPTION OF THE SAINT ROSE OUTREACH EFFORT

Philip E. Lyon
The College of Saint Rose
Albany, New York

It is rare that external events have a profound effect on public school programs. Sputnick is an example of an external event which did, indeed, influence the direction of education. P.L. 94-142 is another.

In the former instance, the changes engineered by Sputnick focused primarily on curriculum, especially science and mathematics. The students affected by the changes were in the system, capable of performing in the system, and responsive to the educational techniques being employed. The change, therefore, did not require a restructuring of the educational system. P.L. 94-142 does. It mandates drastic change in curricular matters, class make-up, populations, and educational technology, to name only a few areas. The law mandates a new breed of school, with a new breed of teachers (Reynolds, 1978).

The most essential point of the law is the right of the handicapped to be educated in the least restrictive environment. Often this means being in a regular classroom with age mates and being taught by a teacher who is not prepared to teach handicapped youngsters. In fact, most administrators and paraprofessionals are similarly unprepared to meet the needs of the handicapped youngster.

Unfortunately, many recent graduates of teacher education programs have obsolete skills since they were trained to teach in schools and classrooms that existed before P.L. 94-142. Since obsolescence is not a marketable skill, it became apparent that teacher training programs had to be reorganized. Teachers in-service also needs retooling. In-service training programs are designed to meet this need but they should be only adjunctive and complementary to

preservice preparation programs.

The Federal Government moved quickly to assist colleges and universities in reconceptualizing and revitalizing their teacher preparation programs (Behrens and Groesnick, 1978).

In 1974, the Dean's Grant Programs were initiated. The purpose was to assist colleges and universities in revising curricula in their teacher preparation programs. The revised curricula would be designed to prepare elementary and secondary teachers to meet the needs of handicapped children in regular classrooms.

Most of the Dean's Grant Programs focused entirely on their own campuses. The project at The College of Saint Rose (CSR) in Albany, New York, however, extended beyond its own campus and invited three community colleges (CCS) to participate in the program. The three community colleges (CCS) which were invited to be part of CSR's project were the main sources for transfer students to CSR. The number of community college students enrolled in St. Rose from 1977 to 1980 was 613. This represents an increase which is not surprising since nationally the number of students in community colleges has increased from 2,223,000 in 1970 to 4,028,000 in 1978 (Statistical Abstracts, 1980).

Since many of these transfers enrolled in elementary and secondary education programs at CSR, an interesting problem arose. The intent of the Dean's Grant at St. Rose was to provide a revised curriculum for students enrolled for four years. Since community college graduates would be at St. Rose for only two years, it would appear that those in preservice education programs would not benefit from the revised curriculum. They would be less prepared to deal with mainstreamed students than other CSR graduates.

Another important factor influenced the decision to reach out to the community colleges. These institutions prepare individuals for careers as

teacher aides, nursery and preschool teachers, and other school service personnel. In these positions, they will have daily contact with handicapped individuals. It was decided, therefore, that the two problems would be addressed by inviting community colleges to participate and hopefully, to effect curricular change at their institutions.

A brief review of the process, problems, and results of this program will be presented. The first step in this process was preplanning. All of the details of the proposed program including such items as dates, topics, expectations and goals needed to be formalized. Since this program needed to be sold, evidence of a well-planned, thoughtful program had to be present.

Once the preplanning was completed, separate meetings were held with officials from each of the community colleges. St. Rose was represented at these meetings by the Dean of the Graduate School and the Dean's Grant Project Director. The first step was to explain the program to officials from each of these community colleges.

One of the more interesting problems evolved around the issue of released time. This was not a major problem with the private college, but with the state institutions, this became a matter of contractual constraints. Fortunately, the administrators of these schools worked through these constraints.

The next issue was selection of participants. It was mutually agreed that the Graduate Dean of CSR would present the program to the faculty of the respective schools and issue an open invitation to participate. This was done at the first general faculty meeting. People indicated that they wished to participate, and everyone who expressed such a desire was chosen. Why did these people volunteer? There were no tangible rewards. No credit was given by CSR. It would seem that the call for volunteers tapped a population which wanted to learn more about handicapped individuals.

Although this interest existed, it did not necessarily coincide with the goals of the program. Once the program began, it was clear that the primary focus of many of these college professors was learning how to deal with handicapped students in their respective post-secondary classrooms. It became evident early that unless this issue was treated, the ultimate goal of the program could not be attained. Therefore, changes in the agenda were necessary to include such concerns.

The next process of importance was the organizing and conducting of the meetings. The meetings had to be conducted so that interest was maintained, new material was presented, discussion invited, and opportunities were provided for sharing among participants. Each session was evaluated with suggestions for future topics and/or speakers.

The problem of reward was raised. What benefit would the participants get from this program? The answer was none except increased knowledge, an opportunity to participate in an interinstitutional workshop, and personal satisfaction. These rewards seemed to have been enough, since only two participants missed more than two of the eight sessions.

The last process was an overall evaluation of the program. All were asked to describe their personal reaction to the total program, as well as to indicate what their personal target plan was for implementing change in their curriculum or program at their home institution. The overall reaction to the opportunity to participate in this joint project was outstanding. The project and its activities were considered extremely worthwhile.

It would be pure conjecture to make any statements regarding the effect this project will have on transfer students at CSR. This project, however, has shown quite clearly that establishing cooperative programs among institutions of higher learning is not extremely difficult. All parties involved in such

cooperative effort benefit. It is this author's firm conviction that the effect that the Dean's Grant program at CSR will have on handicapped students has increased dramatically as a result of this out-reach effort.

References

Reynolds, M. Some final notes in J. Groesnick and M. Reynolds (Ed) Teacher Education: Renegotiating Roles for Mainstreaming. Minneapolis: National Support Systems Project, 1978.

Statistical Abstracts of the United States. Washington, D.C.: U.S. Department of Commerce, 1980.

Minimum Competencies In Special Education For Music Education Students At Roosevelt University With Suggestions for Implementation

George H. Wilson
Roosevelt University

Problem

The music teacher in today's schools is responsible for a portion of the education of all students. The typical music educator in the State of Illinois is certified to teach all types of music K-12. Teacher education curricula in music are developed with the assumption that graduates of the program are qualified to teach all levels and types of music K-12. The following statement from the Music Education section of the Roosevelt University Undergraduate Catalogue describes this assumption:

> "This program is designed for the student who plans to specialize in instrumental music teaching. A student who completes this curriculum is prepared to teach and/or supervise the instrumental music program in the elementary and secondary schools and to teach general music in the elementary, junior, and senior high school. (Roosevelt University, Bulletin; Undergraduate Division, 1980-81, p. 185.)

With the present emphasis on education for the handicapped (as articulated by Public Law 94-142 and Illinois House Bill 150) music educators are discovering that they do not have the knowledge and understanding necessary to work effectively with handicapped students assigned to most elementary and secondary classes. These same teachers also are not adept at recognizing the various types of learning handicaps of students. This lack of understanding leads to serious omissions in the education of children. Illinois House Bill 150 states that "in addition to all other requirements, the successful completion of course work which includes instruction in the psychology of the exceptional child, the identification of the exceptional child, including, but not limited to the learning disabled and methods of instruction for the exceptional child, including, but not limited to the learning disabled shall be a prerequisite to a person receiving any of the following (teaching) certificates: early childhood, elementary, special and high school." Given the comprehensive philosophy of the Music Education Department at Roosevelt University and the mandate of House Bill 150 it is imperative that the Music Education Curriculum be altered to rectify a serious deficiency.

Purpose

The purpose of this project was to develop a list of minimum competencies in music for the exceptional child for prospective music teachers. A further purpose was to make recommendations concerning the methods of implementation of the acquisition of these minimum competencies through existing music education methods classes at Roosevelt University.

Methodolody

The list of minimum competencies was developed through study of professional literature and through interviews with experts in the special education field. Recommendations for implementation were developed through study of existing courses of study and through interviews with teachers of music education.

Delimitations

Many categories of exceptionality are not included in this report because of the limited time available in the undergraduate education of prospective music teachers. Some of the areas omitted include:

1. trainable mentally handicapped
2. hard of hearing
3. the gifted
4. physically handicapped

Definition of Terms

The Exceptional Child - The child who deviates from the normal child (1) in mental characteristics, (2) in sensory abilities, (3) in neuromotor or physical characteristics, (4) in social behavior, (5) in communication abilities, or (6) in multiple handicaps. Such deviation must be to such an extent that the child requires a modification of school practices, or special educational services,

to develop maximum capacity.

Learning Disability - a specific retardation or disorder in one or more of the processes of speech, language, perception, behavior, reading, spelling, writing, or arithmetic.

Mainstreaming - The child (1) will be placed with his or her normal peers, (2) will receive special services in the regular classes (not special classes), and (3) will interact as much as possible with his or her normal peers in a least restrictive environment.

The Individual Educational Plan (I.E.P.) - a joint effort of the child study team, which is comprised of a representative of the local education agency (other than the child's teacher), the child's teacher or teachers (regular and special), the parents, any other support staff (like speech therapists, school psychologists, physical therapists), and, whenever appropriate, the child as well. (Haring, 1978, p. 15)

The Competencies

Upon completion of the Music Education curriculum the prospective music teacher:

1. has an open mind and a positive attitude toward teaching the exceptional child.
2. is not threatened or apprehensive about teaching the exceptional child.
3. can describe the following types of exceptional children:
   a. educable mentally handicapped
   b. learning disabled
   c. behavior disordered
   d. speech impaired
4. has the ability to identify characteristics which may indicate a learning problem.
5. has an understanding of procedures to follow with a specific child who displays characteristics which may indicate a learning problem.

6. is aware of the major assessment instruments used in identifying children with special needs.

7. can develop lesson plans which include strategies for teaching the exceptional child in the "mainstreamed" music class.

8. can select and adapt appropriate resource materials for teaching the exceptional child in the "mainstreamed" music class.

9. can demonstrate teaching techniques appropriate to the exceptional child in the "mainstreamed" class.

10. can write a statement explaining the place of education for the exceptional child in the music class.

11. can define the Individual Educational Plan (IEP) and describe its functions in school and community.

12. has an understanding of Public Law 94-142 and its implications for music teaching.

The Plan for Attainment of Listed Minimum Competencies

The Music Education students at Roosevelt University choose one of six possible concentrations (Instrumental, Choral, Comprehensive, Special Education, Special Education/Music Education Double Certification, Jazz Studies). Students in the various concentrations are programmed for courses to meet the requirements for the specialty (e.g. Improvisation for Jazz Studies students and Choral Laboratory for Choral students). To assume a common foundation for music teaching, Music Education students take five basic courses: Orientation to Music Teaching (M.E. 149), Introductory Student Teaching (M.E. 249), Backgrounds for Teaching Music in the Elementary School (M.E. 350), Backgrounds for Teaching Music in the Junior and Senior High Schools (M.E. 351)*, and Student Teaching and Seminar in Music (M.E. 310). The suggested plan for attainment of the minimum competencies in special education is to include portions of the content in three of the five courses (M.E. 149, M.E. 350, M.E. 310).

*Special Education concentration students do not take M.E. 351).

The projected sequence would develop from a cursory introduction to the characteristics of the exceptional child in M.E. 149 to a concentrated unit of development of teaching materials and techniques appropriate to teaching the exceptional child in the "mainstreamed" music class during Student Teaching. All three classes include direct observation and/or participation in music classes in elementary and secondary schools, assuring that theory and practice are related. The final class (Student Teaching) includes full-time teaching with an integrating seminar.

Rationale for the Plan

1. Since all future music teachers will have exceptional children in music classes, students should be introduced to education for the exceptional child early in the course sequence.
2. Students will gain a clearer perspective of the exceptional child if on-site observation and participation accompany intellectual study.
3. Study of appropriate materials and teaching techniques in a music methods class will be accepted by the students as pertinent to the objectives of music education.
4. Allocating intensive study to the student teaching semester is more efficient because of the high attrition rate between Orientation to Music Teaching and the final student teaching experience (see figures below).

Average Yearly Enrollment in Orientation and Student Teaching, 1977-81*

CLASS	AVERAGE YEARLY ENROLLMENT
M.E. 149 (Orientation)	23
M.E. 310 (Student Teaching)	11

*Taken from class enrollment figures

5. Music students have time for study during student teaching since they do not schedule regular academic classes.

Suggested Activities for Classes

Orientation to Music Teaching (M.E. 149):

1. Selected reading assignments from basic special education and music-related texts.

2. Group observation of a music class which includes exceptional children.

3. Class discussion of readings assigned and observations made.

4. Showing of appropriate films about teaching the exceptional child.

5. Use of outside resource persons who work regularly with exceptional children in music classes.

Minimum Competencies Expected:

1. Has an open mind and a positive attitude toward teaching the exceptional child.

3. Can describe the following types of exceptional children:

   a. educable mentally handicapped
   b. learning disabled
   c. behavior disordered
   d. speech impaired.

10. Can write a statement explaining the place of education for the exceptional child in the music class.

(See pages 3 & 4 for a complete list)

Backgrounds for Teaching Music in the Elementary School (M.E. 350):

1. Selected reading assignments from special education and music-related texts.

2. Work with exceptional children in an elementary music class setting for a minimum of twelve mornings.

3. Class discussion of readings and direct work in music classrooms.

4. Development of a teaching strategy which includes objectives for reaching the exceptional child through music.

Bibliography:

1. Kirk and Gallagher, Educating Exceptional Children.

2. Lerner, Children with Learning Disabilities.

3. Nocera, Reaching the Special Learner Through Music.

4. Boardman and Andres, The Music Books.

Minimum Competencies Expected: (See pages 3 & 4 for a complete list)

2. Is not threatened or apprehensive about teaching the exceptional child.

7. Can develop lesson plans which include strategies for teaching the child in the "mainstreamed" music class.

8. Can select and adapt appropriate resource materials for teaching the exceptional child in the "mainstreamed" music class.

12. Has an understanding of Public Law 94-142 and its implications for music teaching.

Student Teaching (M.E. 310):

1. Assigned readings from music related texts.

2. Teaching exceptional children in assigned music classes in student teaching.

3. Seminar discussion of assigned readings and teaching.

4. Development of specific list of materials appropriate for teaching the exceptional child through music.

5. Development of specific lesson plans for teaching the exceptional child through music.

Bibliography:

1. Nocera, Reaching the Special Learner Through Music.

2. Graham and Beer, Teaching Music to the Exceptional Child.

3. Hardesty, Music for Special Education.

4. Boardman and Andres, The Music Book.

Minimum Competencies Expected:

4. Has the ability to identify characteristics which may indicate a learning problem.

5. Has an understanding of procedures to follow with a specific child who displays characteristics which may indicate a learning problem.

6. Is aware of the major assessment instruments used in identifying children with special needs.

9. Can demonstrate teaching techniques appropriate to the exceptional child in the "mainstreamed" music class.

11. Can define the Individual Educational Plan (IEP) and describe its function in the school and community.

Summary

Much material related to reaching the exceptional child through music is available. Teachers in elementary and secondary school are willing to work with prospective music teachers to help develop attitudes, understandings, and skills necessary to reach the exceptional child through music. It is hoped that the ideas discussed in this project will have a positive effect on the education of students preparing to teach music to children.

Bibliography

Beadle, Muriel. A Child's Mind. New York: Anchor Books edition, 1971.

Boardman, Eunice, and Andres, Barbara. The Music Book. New York: Holt, Rinehart and Winston, 1981, 8 Levels.

Gearheart, Bill R., and Weishahn, Mel W. The Handicapped Student in the Regular Classroom. St. Louis: The C.V. Mosby Company, 1980.

Graham, Richard M., and Beer, Alice S. Teaching Music to the Exceptional Child. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1980.

Hardesty, Kay W. Music for Special Education. Morristown, New Jersey: Silver Burdett Company, 1979.

Haring, Norris G. ed., Behavior of Exceptional Children. 2nd edition, Columbus: Charles E. Merrill Publishing Company, 1978.

Illinois State Board of Education. Rules and Regulations to Govern the Administration and Operation of Special Education. Springfield, Illinois: Illinois State Board of Education, 1978.

Kird, Samuel A., Education Exceptional Children. 2nd edition, Boston: Houghton Mifflin Company, 1972.

Kird, Samuel A., and Gallagher, James J. Educating Exceptional Children. 3rd edition, Boston: Houghton Mifflin Company, 1979.

Kirk, Smauel A., "The Illinois Test of Psycholinguistic Abilities: Its Origin and Implications." In Hellmuth, J. ed., Learning Disorders, Vol. 3, Seattle, Washington: Special Child Publications, 1968.

Lerner, J.W. Children with Learning Disabilities. 2nd edition, Boston: Houghton Mifflin Company, 1976.

Nocera, Sona D. Reaching the Special Learner Through Music. Morristown, New Jersey: Silver Burdett Company, 1979.

Roosevelt University, Bulletin, Undergraduate Division, 1980-81.

Stedman, Edward R. "Procedures for Identifying, Diagnosing, and Placing Children with Specific Learning Difficulties," River Forest, Illinois Public Schools, District No. 90, 1978.
(Mimeographed)

Interviews

Mary O'Neill, Associate Professor of Music Education, Chicago Musical College, Roosevelt University.

Miriam Showalter, Professor of Education and Coordinator of Special Education Curricula, Roosevelt University.

Mary Louise Steadman, Learning Disabilities Teacher and Eighth Grade Coordinator, Sandburg Junior High School, Unit District 205, Elmhurst, Illinois.

5A's Dean's Grant at Roosevelt University

Miriam Showalter
Roosevelt University

Roosevelt University is a private, non-sectarian urban university with approximately 7,000 students. Established in 1954, the University is organized into five colleges: College of Education, College of Arts and Sciences, the Walter E. Heller College of Business, College of Continuing Education, and the Chicago Musical College. The College of Education was established in 1972 as a separate major university unit elevated from the status of department in the College of Arts and Sciences. The College is organized by program areas which are chaired by Program Directors. Undergraduate degrees are offered in Early Childhood Education, Elementary Education, Special Education, Secondary Education and Music Education. Graduate degrees are offered in Educational Administration and Supervision, Guidance and Counseling, Early Childhood Education, Elementary Education, Special Education and Reading. The enrollment in the College of Education has been averaging 500 students, with about 100 in various Special Education programs. The full time faculty and staff includes approximately 30 faculty supplemented by an expert field-based part-time staff. Five members of the full time staff are involved in the teaching of Special Education courses along with four to six part-time faculty each semester.

The primary purpose of the 5A's Dean's Grant awarded in the Summer of 1979, is to retrain College of Education faculty so that they may reexamine and revise the preservice teacher education programs in order to provide students with knowledge, attitudes and strategies appropriate for successful teaching in mainstreamed classrooms.

The Model and the Assumptions

Awareness, Access, Appropriateness, Assessment and Accountability are the 5A's of the Roosevelt University Dean's Grant. The project is conceptualized as a developmental sequence of rational, articulated experiences to enhance faculty competence for training preservice students to work with handicapped individuals, with each of the 5A's representing a step in that retraining through which faculty members (Fellows)

progress individually.

The staff of the 5A's Dean's Grant undertook its Project with a set of facilitating assumptions which tended to neutralize or militate against all the limiting factors:

1. Since its inception the Roosevelt 5A's Dean's Grant has enjoyed the wholehearted and active support of Dean Henrietta Schwartz.

   The cooperation of the Dean and other College of Education leaders is central to the success of the Project. This support at Roosevelt has not been one of imposition which might have been limiting in character. but has permitted wide areas of decision making for staff and faculty. The commitment to add special education content to all certificate programs had been made with the Dean's support before the Dean's Grant was awarded. Decisions of how this could best be accomplished and the expertise to carry it out were still needed. The Dean's Grant could and does furnish the opportunity for both the retraining and curriculum revision activities. The quality of the Dean's involvement was recognized by the National Support Systems Project when she was appointed Liaison Officer for the Central Region Dean's Grants, Summer, 1980.

2. Faculty of the College of Education fully accepted the need for additional knowledge about special education.

   The location of Roosevelt University in Chicago's "Loop" creates a natural commitment to improve education for inner city children and youth. It is in the inner city that handicapping conditions are present in disproportionately large numbers.

   In 1979-80 and again in 1980-81, as many faculty members as could be accomodated volunteered for the Dean's Grant retraining program that was designed to improve their instruction of college students who will teach children in these urban schools. As a first step, the knowledge and attitudes of the faculty volunteers

(Fellows) toward handicapped individuals and the law were measured using the Rucker-Gable Educational Programming Scale, Hall's "Measuring Stages of Concern About Innovation," and an attitude questionnaire. In addition, an individual interview was held with each Fellow by a member of the Dean's Grant staff. Results of the pre- and post-testing of the Fellows indicated that faculty at the end of the training were highly knowledgeable about appropriate class placement of children exhibiting varying degrees and types of handicaps. It was also noted that there was a high level of concern about P.L. 94-142, its implementation and effects, particularly on students. In general, the faculty scored well within the limits of the norms set by the criteria of the Rucker-Gable scale, indicating substantial knowledge in identifying and placing handicapped children. The post-test results also indicated an increase in positive attitude towards the innovation of P.L. 94-142 and mainstreaming.

Group and individual retraining experiences were planned based on information derived from assessments. Faculty fellow training included lectures by experts in aspects of exceptionality and the law, field trips, seminars, films, and readings of selected literature. The Fellows each made a trip to another Dean's Grant institution to learn how the implementation of P.L. 94-142 was being accomplished.

3. <u>There is a tradition of cooperation and follow-up on students among departments (Program Areas) in the College of Education</u>.

It is a normal activity in the College to work together on an inter-program basis. No one "owns" a program though expertise of faculty is respected. The invasion of special education requirements in all certificate areas in this climate, therefore, was not regarded as threatening, and gearing up to understand and implement that mandate was regarded as opportunity rather than penalty. During the retraining period the Fellows and staff conducted a survey of alumni and student teachers who were teaching in mainstreamed classrooms using a Teacher

Effectiveness Survey derived from competency clusters (Reynolds, 1979) which identify criteria of successful teaching in mainstreamed classrooms.[1] The purpose of the surveys was to determine the level of preparedness of Roosevelt graduates to teach in these classrooms.

The Survey was administered to student teachers and to alumni of the elementary and secondary education programs. The results of the first year survey were tentative in nature. Due to the small number of alumni who could be located the generalizability of the results is somewhat limited. A further effort will be made in Project Year II. The preliminary research however, provided some insight into strengths and weaknesses of the elementary and secondary programs. The results obtained from the respondents gave increased direction for further work in the area of improving teacher preparatory programs.

4. <u>The faculty of the College of Education periodically works together as a committee of the whole to formulate goals, to reexamine and revise curriculum and set curricular priorities</u>.

In 1970 this activity resulted in the development of a series of Value Statements. Successful graduates of the various education programs might reasonably be expected to hold these values. With this document in hand and with knowledge of the results of alumni surveys it was a relatively simple matter to effect a revision of these Value Statements that was consistent with the new realities of P.L. 94-142, HB 150, and other educational imperatives of 1980. Faculty members were asked to indicate which of the revised values was emphasized in each course by distributing 100 emphasis points across the Value Statements representing each of the courses they taught. The result of the Study revealed a relative consistent dispersion of points across all the Value Statements in most courses. The lack of high course specificity is in part considered to be due to: faculty misinterpretation of directions, faculty need to offer a diverse and comprehensive

course format, overlap in instructional content and/or basic error on the part of the staff in assuming that this Value Statement was an appropriate instrument for specifying course content. The second Project year will provide an opportunity for a continuation of this activity at a more extensive level coupled with syllabus analysis, re-evaluation of the Value Statement devised in March, 1980 and data collected from alumni and student surveys.

5. A monetary incentive system of the Project assists Fellows in accomplishing their commitment to product.

Faculty Fellows volunteer to commit 10% overload time to Dean's Grant activities during the school year, and to engage in research projects related to their particular areas of interest under the general rubric of mainstreaming or the law. The modest monetary incentive tends to reduce the reluctance of some faculty Fellows to engage in active research and publication during their Project year. It assists in paying for expenses incurred as a result of these activities including: student survey development, Value Statement revision, Course Emphasis Study, etc. No course load reduction was available for the faculty Fellows.

6. The size and collegial climate of the College of Education permits completion of the tasks undertaken to meet the Dean's Grant goals.

Project Year I resulted in retraining many of the elementary and secondary faculty members. During Project Year II Early Childhood, Guidance and Counseling faculty, regular elementary education, plus the Chairman of the Music Education Department are the target populations for this year's retraining activities. Curriculum re-examination and revision began in the Elementary and Secondary Education area during the first year. Direct implementation of the revisions is expected for the second year. The Early Childhood and Guidance and Counseling curriculum revision activities should reach implementation stage in the third year. Tentatively scheduled outreach activities to other non-Dean's Grant Insti-

tutions to provide in-service training will require additional time to complete.

7. The presence of a strong Research and Development capability furnishes the technical assistance to Fellows and Project Staff.

   Advice and assistance to Faculty Fellows concerning research activities is available, including data collection, analysis etc. Assistance is given in the latter activities by the Director of the Research and Development Center who is a member of the Dean's Grant staff, and by his personnel. In its first year the Project produced a resource bibliography and a faculty manual of resource papers and research projects. In addition, the Research and Development Center advises and assists in evaluation of the Dean's Grant Project. A Management Information System for staff use was developed by the Research and Development Center in conjunction with the Dean's Grant staff early in the Project. This System defines the goals of the Project and the related tasks, lists the persons responsible for tasks and sets timelines for completion of activities. It has proved to be a good evaluation tool which provides for both formative and, ultimately, summative evaluation.

8. There is an abundance of retraining resources in the Chicago metropolitan area.

   The Roosevelt University Dean's Grant has been able to choose from and utilize a variety of special education sites for retraining as well as persons of national prominence as consultants and lecturers. Specialized libraries at the local and national level have supplied published materials that have been beneficial in accomplishing a successful retraining program. It has not been a question of finding resources but of choosing among the many available. The retraining resources have been made available to all students and faculty in the College of Education as well as the faculty Fellows.

9. Central Region and National Support Systems Project have offered opportunities for cooperative work with other colleges and universities charged with the same goals.

The staff of the Roosevelt University 5A's Dean's Grant entered enthusiastically into cooperative ventures from the very beginning of this Project. Materials and resources were made available and shared which facilitated the exchange of ideas for procedures in the retraining program. An attitude of cooperation developed among Grant staffs, particularly among the Dean's Grant staffs from Illinois. This serendipitous result has led to a strengthening of special education departments across the State, as well as increased cooperation in the process of implementing P.L. 94-142 and HB 150. Unfortunately, this spin-off remains an unmeasured blessing.

Roosevelt University staff participated early and actively in the Central Region Evaluation Committee which was based on a modified Discrepancy Evaluation Model. The resultant product (published in a National Support Systems Project Monograph[1]) carries the names of all staff members of the Roosevelt University Project as active participants as well as staff from other institutes who were part of the evaluation team. Roosevelt University has hosted two Regional meetings in the last two years. This involvement created a sense of early and complete involvement in the larger community of Dean's Grants.

Conclusions and Recommendations

The Dean's Grant Project has been greeted with enthusiasm at Roosevelt University during its year and one-half of operation. There is objective evidence that change has occurred in faculty knowledge and attitudes in regards to mainstreaming, exceptional children and the laws. Some useful changes have occurred in curriculum which bring the College of Education into legal compliance with HB 150 as it is presently understood, and there is willingness to continue implementing change in order to meet the spirit as well as the letter of the laws. The habit of cooperative activities between Program Areas and University colleges has been fostered and may become a more natural process. Needed curriculum changes in special education content are taking place.

While this occurs, other areas of curriculum revision may be found to need revision as well, e.g. provision for multicultural content. The College of Education at Roosevelt University has found that offering a modest monetary incentive to faculty members who volunteer for retraining and research in special education has increased the level of their participation and decreased their reluctance to take on a time-consuming activity. The other crucial element of the project's success is the quality of commitment of the project staff who serve as resource colleagues, trainers, alter egos, travel agents, special educators, research consultants, budget advisors, movable libraries and friends. It may be that the sociability element of the Dean's Grant "In-group"* which changes and expands each year is the most rewarding aspect of the program to faculty.

* in here means inclusive

The Council for Exceptional Children: Starting a Student Chapter at Roosevelt University

Margaret Policastro
Roosevelt University

Introduction

In December of 1980, the College of Education of Roosevelt University established a student chapter of the Council for Exceptional Children (S.C.E.C.). Although this may not seem like an unusual phenomenon, due to the current interest in P.L. 94-142, Roosevelt University is an urban university and all members of S.C.E.C. are commuters. Current research by Pitman (1979) describes programs and activities developed for commuter students as a difficult task due to the diversity of their needs. Jacoby and Girrell (1981) state that complications arise for commuter students because many are not campus oriented, and therefore, traditional media such as campus radio, newspapers, and posters do not appear to be effective vehicles of communication for this type of student.

The purpose of this report is to highlight the outstanding student participation and cooperation despite the fact that the chapter is composed of commuters. First, a brief historical perspective of S.C.E.C. will be given. Second, a description of how the Roosevelt University chapter was established, including membership, will be outlined, followed by a list of student activities showing participation. Finally, a summary of the report will be given.

Historical Perspective

The Council for Exceptional Children (C.E.C.), established in 1922, is the largest professional association in the world devoted to the education of handicapped and gifted children. Since 1922, students have been an important part of the council, but it was only in the past two decades that the council has actively promoted their involvement (Lord, 1981). The growth of the student membership was highlighted by the shortage of teachers for exceptional children. C.E.C. viewed this shortage as an emergency, and the student membership movement was perceived as a powerful recruit-

ment device as well as a stimulus toward improved preservice preparation for special educators. It was in 1966 that the formal Student Council of Exceptional Children (S.C.E.C.) constitution and bylaws were approved.

The S.C.E.C. is described as an association of students interested in exceptional children and youth. The purpose of S.C.E.C. is to present students with opportunities to improve both educational and professional standards. To achieve this purpose, the chapter participates in numerous and various activities which center around certain goals. Chapter goals are as follows:

1) Public awareness and acceptance of exceptional children.
2) Professional growth—professional guidelines.
3) Recruitment to the profession.
4) Interchange among disciplines.
5) Interagency coordination.
6) Governmental involvement.
7) Services to children.
8) Professional fellowship and exchange of ideas.

Getting Started

In order to be recognized and established as a student chapter, a minimum of 15 paid members, a signed constitution, and an elected executive board must be sent to the national office. To accomplish these requirements, a membership awareness was initiated in November of 1980. Announcements were made in classes and the faculty advisor distributed membership forms to classes and faculty. By the close of the fall semester a total of 23 paid members, along with a constitution and names of elected officers were submitted to the national office. In January of 1981, Roosevelt University was recognized as student chapter 128 of the Council for Exceptional Children. Also this past January, S.C.E.C. was given bulletin board space in the main hallway in the College of Education. The board functions as a communication de-

vice to current members, and arouses curiosity among non-members.

As of June 1981, Roosevelt University's S.C.E.C. has approximately 70 paid members. Table I shows the membership breakdown.

Table I

Major	Undergraduate	Graduate
Administration		1
Elementary Education	5	2
Special Education/Elementary	20	
Early Childhood	1	1
Learning Disabilities/Behavioral Disorders		20
Reading		20
Teacher Corps		2
TOTAL	26	46
Faculty--3		

The undergraduates majoring in Special Education/Elementary have the largest major membership. Although, when combined, the graduates in Learning Disabilities/Behavioral Disorders and Reading outnumber the undergraduates. It is interesting to note the range of majors which belong to a special education association.

S.C.E.C. Activities

One of the student chapter goals is to foster a heightened awareness of exceptional children. One way to increase knowledge in this area is through planned

activities. From the start, the students' eagerness to participate in activities and group coherence both in the planning stage and actual activity participation was overwhelming.

Table II shows a list of planned activities by month and the number of students involved.

Table II

Date	Activity	Number of Participants
Dec. 1980	Election of Executive Board	20
Jan. 1981	Executive Board Meeting	7
Feb. 1981		
1	Workshop: College Access for the Learning Disabled	17
6	Grove School and Lunch Discussion	20
8	Play: "Children of a Lesser God"	50
19	Book Discussion: "A School for Peter"	10
25	Bake Sale--contributors/workers	30
March 1981		
17	Sign Language Workshop	35
28	Play: "Crossed Wires"	6-10
28	Perry Dunlap Smith Lecture and Dinner	15
April 1981		
9	Problems of Malnutrition--Slides and Discussion	15

Summer Session Participation

Students showed an interest to continue sharing and partaking in activities over the summer. Bolstered by this enthusiasm, planned activities have been continued to meet the chapter's needs. Table III shows participation of summer activities through May of 1981.

Table III

Date	Activity	Number of Participants
May 1981		
8	Illinois Council for Exceptional Children's visit to Museum of Science and Industry	9
14	Special Arts Festival--Whitney Young High School	7
14	Chicago Chapter Installation Dinner--Palmer House	4
22	Volunteered for Special Olympics--Grant Park	10

At first glance, these numbers may be somewhat misleading when compared to regular school year activities; there were certainly less students involved. It must be remembered though, that these are summer school activities; any participation at all is in fact a positive sign.

Student Newsletter

There was a strong desire on the part of the student members to establish a Roosevelt University S.C.E.C. newsletter. The students took full responsibility for the writing, typing, and editing of the newsletter. Newsletters were published in February and March and circulated throughout the College of Education both to faculty and students. The chapter plans to continue publishing the newsletter next year.

Summary

Overall, the S.C.E.C. at Roosevelt University has had an outstanding year. Membership is growing, and participation in activities remains high. Active enthusiasm has been evidenced during this initial year despite the fact that all the students are commuters. Interest in special education awareness and activities has been generated by both special education majors and other fields in education as well.

References

Pitman, R. "Evening Commuters: Priorities for Student Services." The Commuter, 1979, 4(4) 1-3.

Jacoby, B. and Girrell, K.W. "A Model for Improving Services and Programs for Commuter Students." N.A.S.P.A. Journal, Vol. 18, No. 3, Winter 1981.

Lord, F.E. (Ed.) "The C.E.C. Story: The Attainment of Professional Stature. Part I (1950-1980)" Exceptional Children, Vol. 47, No. 6, March 1981.

Lord, F.E. (Ed.) "The C.E.C. Story: Founding of the Council (1922-1924)," Exceptional Children, Vol.47, No.1, September 1980.

The Uneasy Case for Mainstreaming the Learning Disabled

Gayle Mindes
College of Education
Roosevelt University

The Social-Cultural Context

Public Law 94-142, The Education for All Handicapped Children Act requires that the public schools of our nation provide educational opportunities for all children with handicaps: physical, cognitive, social, emotional, or multiple conditions.

This law which became fully effective on October 1, 1977, has historical roots in the social and political processes of our society with the underlying and basic goal of the provision of equal educational opportunity for all children. It is basically Civil Rights legislation growing from the widespread isolation of 10-12% of our school population.

> Public Law 94-142 received overwhelming support in the Congress of the United States. It was passed by a vote of 404 to 7 in the House of Representatives and 87 to 7 in the Senate....Review of the Congressional testimony on P.L. 94-142 indicates that the basic rationale in support of providing access to equal educational opportunity for persons with handicaps is that they are <u>human beings</u> living in America and, therefore, have a right to <u>access</u> to equal educational opportunity, <u>even if it costs more to provide it</u>. (Corrigan & Howey, 1980, 199-200).

Isolation of the handicapped can be characterized as abuse and mis-service in many cases. The most notable abuses, as identified by court litigation and parent advocacy action, include minority children mislabeled as retarded and inhumane service for the severely and profoundly handicapped (cf. Corrigan,

1978; Hobbs, 1976). In an effort to correct the abuses and mis-service of the past and to reduce the isolation of the handicapped, the law has four basic protections: Provision for due process, individualized educational plans, non-discriminatory testing, and placement in the least restrictive environment.

Each of these basic protections requires complex adjustment within the educational system as the schools endeavor to implement social legislation for the benefit of handicapped children, while maintaining quality programs for the non-handicapped. Even before drastic current changes, serious contextual issues which are beyond the scope of this paper, impact on the practical solutions and responses developed by local school units. These issues, include those of economics, political, social/cultural definitions of who should be educated by whom and for what purposes; institutional, including the delivery system for educational practices, role perceptions for the various professions involved.

Finally, the state of the art with regard to knowledge of effective and efficient practices. This paper focuses on the provision of the least restrictive environment for the learning disabled. It is an examination and reflection on educational practice as delineated in recent literature which has focused exclusively on children with learning disabilities.

The LRE and the mainstream

The least restrictive environment (LRE) provision has become inextricably linked with the term mainstreaming. The (LRE) refers to a continuum of placement alternatives ranging from institutionalization through selective and fulltime placement into regular educational programs. These placement alternatives are usually described as existing in a pyramid or cascade form, with the apex being the smallest proportion of the handicapped and the most restrictive placement alternative.

A general attitude expressed in the cascade is that handicapped

> children should be placed no higher than necessary, that their educational progress should be monitored regularly, and that they should be returned toward the regular class as rapidly as feasible. That is one way of expressing the principle of mainstreaming or of the placement in the LRE. (Reynolds, 1978, 25-26)

In principle, thus, mainstreaming refers only to the practice of the appropriate integration of handicapped children into regular classes when their educational needs can be met. In practice, mainstreaming has occurred both in planned change activities and by default. That is, children with handicaps have not been referred from regular classes, districts have closed self-contained classes, little or no assistance has been provided to regular class teachers, and case loads for specialists have escalated.

For children with the often hidden handicap of learning disabilities, "...a disorder in one or more of the basic psychological processes involved in understanding or in using language spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations...." (Rules and Regulations, P.L. 94-142), the practice of mainstreaming by default cannot meet their educational needs. Children with learning disabilities are pointed out as prime candidates for mainstreaming. After all, their problems are those found in the learning arena and regular class teachers are experienced in teaching and remediation. Unfortunately, the diagnostic character of learning disability is not tied to academic subjects and is much more complex in nature (cf. Lerner, 1981). Learning disabilities affect all areas of the child's life: social, motoric, as well as language and cognition. The more severe the constellation of learning disabilties, the more complex the teaching task and the less capacity the child has for successful adjustment in the mainstream.

To add to the problem of addressing the issue of mainstreaming for learning disabled children and adolescents, the problems and processes of mainstreaming are usually dichotomized according to regular versus exceptional or handicapped. Unfortunately, this is an oversimplification of both handicapped and normal or regular. The needs of a variety of sub-populations within the school are often quite unique; thus the decision to mainstream must include careful assessment of the handicapped child's need and the capacity of the potential classroom social system to adjust and accommodate to include that particular child.

If a generic handicap can exist for the special/regular dichotomy, learning disabilities may be the most socially acceptable term to employ. There is a trend toward the provision of cross-categorical services for the handicapped since,

> ....categories of exceptionality are not discrete and separate entities, but have much in common with each other...often not easily differentiated through diagnostic methods...treatment procedures are often overlapping...The field of learning disabilities has a unique position in the cross-categorical movement, for it deals with the various areas of learning that are important to school success. (Lerner, 1981, 39-40)

With appropriate individualized placement decisions for the learning disabled child and a well trained clinical specialist to assist regular education teachers, what then do regular educators need to function as successful teachers of the mainstreamed learning disabled child?

Competencies for teaching in the mainstream

A number of competency lists have been generated in the years following the enactment of P.L. 94-142. One of the most comprehensive and widely accepted is as follows:

1. Curriculum (i.e. what is deliberately taught in school)

2. Teaching basic skills
3. Class management
4. Professional consultation and communications
5. Teacher-parent-student relationships
6. Student-student relationships
7. Exceptional conditions
8. Referral
9. Individualized teaching
10. Professional values

These competencies are viewed as overlapping in nature and as clusters of capabilities; they are not hierarchial in nature. (Reynolds, 1978, 8-17)

A systematic effort to address these competencies and others has been made through Dean's Grant Projects.

> A Dean's Grant is a Bureau for the Education of the Handicapped funding program begun in 1976 to assist higher education institutions in adapting and improving teacher education programs to extend the capacity of teachers to serve handicapped students in regular class settings. (Weinstein & Gall, 1978, 22)

Through faculty development activities 18 Dean's Grant Projects have addressed pre-service curricula modification in a planned change approach. The approaches used in these projects varies somewhat, but the focus is generally as follows: first, knowledge; second skills, with attitude change a constant focus throughout the three year life cycle of a Dean's Grant (Bates & Schwartz, in press). While specific knowledge of varying handicapping conditions are a focus of these projects, the emphasis placed on learning disabilities _per se_ varies widely.

Longitudinal follow-up of graduates affected by these Dean's Grants Projects is not yet uniformly available. Evaluation of the projects themselves has

indicated that the planned change approach to curricula modification has been effective in changing practices. "Because of the grants, deans of education have become active leaders in curriculum development and agents on institutional change." (Whitmore, 1981, 65)

> "Strong models for teacher education now exist that take into account the policies of P.L. 94-142; the curricular implications of the new policies have been explored and a new literature is being developed: and cooperative linkages have been established among institutions and professional organizations to help disseminate new insights and products." (Reynolds, 1981, vi)

However, Dean's Grants and lighthouse school districts may represent only a small portion of the effectors on change in educational practices to meet the challenges of the legislative mandate of P.L. 94-142. For the vast majority of handicapped children, professional practices vary widely--regionally, in large cities, within cities, in rural areas and even in suburban areas. It is not unusual in 1981 to find special education service programs which do not in practice provide a continuum of services, which do not routinely evaluate special education students, which place children in special classes based on an IQ score, which do not include the regular class teacher at the multi-disciplinary staffing, which do not provide on-going consultative and supportive services to handicapped children, which maintain waiting lists, referral slow downs, etc.

Recent articles on mainstreaming the learning disabled

A content analysis of recent articles addressing mainstreaming of learning disabled children reveals a continued concern for addressing competencies related to knowledge of exceptional conditions, individualization, and professional consultation and communication. The articles focusing on the mainstreaming of learning disabled children and youth in the last two years were not directly

concerned with teaching skills for the learning disabled, but were concerned with various mainstreaming issues for the learning disabled children. The problems and failures identified can be attributed to one or more competency cluster areas. The chart below identifies the competency cluster for each of the ten articles.

Content Analysis of Recent Articles Concerned With Mainstreaming the Learning Disabled

Carberry Waxman & MacKain	Description of workshop on mainstreaming for regular teachers	Professional Communication Exceptional Conditions
Cruickshank	Need for levels of specialization of teachers to meet the needs of the learning disabled	Exceptional Conditions
Demaro	Behavioral Management	Class Management Teacher-student-parent relation Individualization
Hannah & Parker	Choice of regular vs special class for child based on resources of	Teacher-student-parent relation
Ito, 1980	Follow-up of reading achievement of resource room students	Individualization
Ito, 1981	Follow-up of learning disabled resource room students	Professional Communication Exceptional Conditions
Kehle & Guidubaldi	Comparison of team decision making on social adjustment of students	Professional Communication
Lapidus	Mainstreaming as a phenomenon for learning disabled children	Exceptional Conditions
Myklebust	Complexity of learning disabilities	Exceptional Conditions
Weener	Variability across and among learning disabilities and normal populations	Individualization

In these articles addressing a variety of topics concerning the process or problems of mainstreaming the learning disabled children or adolescent, the following necessary competency clusters were most frequently addressed:

Competency Cluster:	Frequency
Class management	1
Professional communication	4
Teacher-parent-student relationships	2
Exceptional conditions	5
Individualized teaching	3

To the extent that these recent articles related to the mainstreaming of the learning disabled are representative of the current problems and processes of mainstreaming the learning disabled, concerns currently center on: the competency clusters related to professional communication; knowledge of handicapping conditions and methods for teaching the handicapped; and approaches to individualization of instruction. Classroom management and teacher-parent-student communication, as issues for the mainstreaming of learning disabled children and youth, remain of some importance; and the remainder of the competency clusters were not dealt with: curriculum, teaching basic skills, student-student relationships, referral, professional values. Perhaps further examination of the concerns of learning disabilities specialists can be made and the emphasis placed on the various clusters adjusted somewhat. Additionally, the perceptions of the specialists should be checked against those held by regular educators for a discrepancy analysis of congruence or non-congruence.

Look to the future

As P.L. 94-142 faces re-authorization in the coming year, a number of important educational decisions and compromises must be made in the service of all children. For professionals concerned with the learning disabled child,

some important trends must be kept in mind:

1. The potential rise in the census of learning disabled children as the high risk infants approach and enter school.
2. The increasing empirical documentation of the lifelong effect and nature of learning disabilities.
3. The continued documentation of the need for highly specialized training for teachers of the learning disabled child.

(cf. Cruickshank, 1981; Lerner, 1981; Myklebust, 1980). Balanced with these professional considerations are the equally important social, political, ethical concerns which formed the philosophical underpinning of the original law. These concerns called for avoidance of negative stereotyping, isolation and de-humanization practices of the past. Although many of these past practices focus on the mislabeling of minority children as retarded and poor treatment of the institutionalized emotionally disturbed and mentally retarded, all special education practices have become suspect.

> The goals officially articulated for school are educational. They imply, with varying degrees of specificity, the kinds of knowledge skills, and attitudes that students should acquire. But the achievement of these goals occurs within a context of political, social, and economic interests that not only impose additional, more implicit purposes but also determine to a considerable degree the values likely to prevail in school settings. (Goodlad, 1979, 3)

A third important factor which may have been given inadequate attention in the past is the change process itself. P.L. 94-142 is not universally or generally owned by either regular or special educators. Ownership in an educational innovation enhances the chance for acceptance by all. (Bermon & McLaughlin, 1975)

Regular educators have the brunt of the responsibility for the implementation of the law, as it applies to the implementation of LRE in its popular guise of mainstreaming. Often these same teachers have the least amount of influence in determining placement or the individualized educational plan (IEP). Specialists who "know better" diagnose and prescribe, leaving consultation to follow through and catch-up. Seasoned regular class teachers, know much that is ignored or neglected in these diagnostic prescriptions, such things as manageable dynamics for that year and time in the life of the classroom. One more "special" child may indeed tip the balance for the educational life of the children in that room. And who has ever seen a "live" learning disabilities consultant in most school districts?

Thus, colleagueal interaction, mutual respect and professional dialog across specialties must become a realistic part of the school program for this major educational innovation to become owned by all. Extra paper alone (generated by IEP's and multi-disciplinary staffing) will not suffice! "To be successful, mainstreaming needs careful planning, teacher preparation, team effort, and a complete support system." (Lerner, 1981, 422)

Wang (1981) has outlined a pilot model mainstreaming program which has successfully addressed many of the problems identified in the mainstreaming process. The model involves the use of team teaching, multi-age grouping, individualized instruction, teaching self-management to children, family involvement, early identification of learning problems, delabeling of exceptional children, and complete organizational and resource support systems. All parts of this model are a part of the trend away from the self-contained class in regular education. In such school situations the capacity for collaboration and communication among and between special and regular teacher are heightened, increased opportunities for individualization exist, and non-

discriminatory special teaching is non-obtrusively available. This model approach seems to have successfully "...(struck) a balance between the contributions and responsibilities of regular education and special education." (Bates, 1980, 3)

In continuing to address the collaborative efforts required for successful practices in the pursuit of education for the handicapped, Bates (1980, 3) continues, "we must develop the cooperative spirit that will bring all of education into equilibrium. Within this partnership, we must also renew our understanding that special educators' responsibilities continue to be major, not minor."

In conclusion, the answer to the question of mainstreaming the learning disabled remains a complex "maybe"--not for all children, not without the specialized support of a learning disabilities specialist, and in consideration of the particular classroom dynamics of the particular school situation.

As a social ideal, mainstreaming, and more especially the continuum of services with appropriate services remains a compelling ideal that educators must strive to implement. Successful implementation will require creativity, perseverance, dialog across various educational sub-specialties and a professional advocacy stance. Some of the specifics of the original notion of mainstreaming may be lost, but the ideal must survive--education for all children. Definitions of education may shift and training models may continue to evolve; service delivery systems may change. Concerned professionals must maintain an open mind as the change process continues, developing some ownership in the resulting products of the change.

References

Bates, P. The role of special education in the 1980's. An existential question, Counterpoint, 1, 3.

Bates, P. & Schwartz, H. and others. Central evaluation of Deans' Grants, forthcoming, Fall, 1981.

Berman, P. McLaughlin, M. W. Federal programs supporting educational change. In The Findings in Review, Vol. 2, Santa Monica, CA: Rand, 1975.

Carberry, H., Waxman, B. & MacKain, D. An in-service workshop model for regular class teachers concerning mainstreaming of the learning disabled child, Journal of Learning Disabilities, 14, 1981, 26-28.

Corrigan, D. Political and moral contexts that produced P.L. 94-142, Journal of Teacher Education, 29, 1978, 10-14.

Corrigan, D. & Howey, K. Special education in transition: Concepts to guide the education of experienced teachers. Reston, VA: Council for Exceptional Children, 1980.

Cruickshank, W. A new perspective in teacher education: The neuroeducator, Journal of Learning Disabilities, 14, 1981, 337-341+.

Demers, L. Effective mainstreaming for the learning disabled student with behavior problems. Journal of Learning Disabilities, 14, 1981, 179-188+.

Goodlad, J. What schools are for. Phi Delta Kappa Foundation, 1979.

Hannah, E. & Parker, R. Mainstreaming vs the special setting, Academic Therapy, 15, 1980, 271-278.

Hobbs, N. The futures of children. San Francisco: Jossey-Bass, 1978.

Ito, H. Long-term effects of resource room programs on learning disabled children's reading, Journal of Learning Disabilities, 13, 1980, 36-40.

Ito, H. After the resource room--then what? Academic Therapy, 16, 1981, 283-287.

Kehle, T. & Guidubaldi, J. Do too many cooks spoil the broth? Journal of Learning Disabilities, 13, 1980, 552-556.

Lapidus, H. Let's get serious about mainstreaming, Journal of Learning Disabilities, 13, 1980, 500.

Lerner, J. Learning disabilities, 3rd Ed. Boston: Houghton-Mifflin, 1981.

Myklebust, H. What is the future for LD? Journal of Learning Disabilities, 13, 468-471, 1980.

Reynolds, M. A common body of practice for teachers; The Challenge of P.L. 94-142 to teacher education. American Association for Colleges of Teacher Education, 1978.

Reynolds, M. The Dean's Grant Projects: A descriptive analysis and evaluation. National Support Systems Project, 1981.

Wang, M. Mainstreaming exceptional children: some instructional design and implementation considerations, Elementary School Journal, 81, 1981, 195-221.

Weener, P. On comparing learning disabled and regular classroom children, Journal of Learning Disabilities, 14, 1981, 227-232.

Weinsenstein, G. & Gall, M. Adapting teacher education to include mainstreaming: Dean's Grant Projects, Journal of Teacher Education, 29, 1978, 22-24.

Whitmore, J. What have we learned from the Dean's grant projects? In The Dean's Grant Projects, Reynolds, M., 1981, 50-66.

The Role of the Counselor in Implementing the "Education for all Handicapped Children Act of 1975"

John R. Martina
Roosevelt University

The counselor's roles and responsibilities in implementing Public Law 94-142 are not clearly delineated by either counselor educators or counselors. Coverage in professional journals is relatively sparse. Among those articles reviewed, there were both points of agreement as to the counselor's role in implementing the law as well as points of disagreement. The impression was received that if one were to have searched the literature long enough one would have probably found a conglomerate of recommendations involving the counselor in every conceivable aspect of Public Law 94-142 implementation. Role confusion is not new to the counseling profession. There has always been a lack of consensus among counselors, school counselors especially, as to what their role should be. This lack of consensus coupled with differing expectancies by parents, students, teachers, and administrators has created in the past an image of counseling as a profession with ambiguous goals. Public Law 94-142 places new responsibilities on the counselor and these new responsibilities will in all likelihood add further to the general role confusion. Hosie (1979) states that parents and students are looking to the counselor for help and direction, while at the same time most counselors do not have an understanding of what their role is or should be in implementing Public Law 94-142.

Role confusion on the part of the counselor is undoubtedly directly related to a lack of training and direction within counselor education programs. Data from surveys conducted by Lebsock, Deblassie (1975), and Lombana (1980) indicate that between 43% t· 57% of all counselors in the field have never had a course in special education. Lebsock and Deblassie (1980) found that only 10% of counselors belong to a professional organization dealing with exceptional students.

In this article, a summary of the perceived roles of the counselor in implementing Public Law 94-142 is presented. Following the role summary a reivew of what counselor educators believe should be taught in the counselor education curriculum with regards to Public Law 94-142 is discussed. In reality, literature relating counselor educators' views regarding role and curriculum development relevant to Public Law 94-142 appears to be very sketchy. As a means to rectify this situation and more clearly clarify the counselor educators' views a PL 94-142 Survey Instrument is presented which will facilitate the gathering of pertinent information from counselor educators. The ultimate purpose of this article is to bring information together from divergent sources in an attempt to evaluate some of the confusion surrounding the role of the counselor in implementing Public Law 94-142. The time is long overdue for a clear sense of direction.

Summary of Counselor's Role in Implementing Public Law 94-142

Survey findings reported in articles written by Hohenshil and Hume II (1979), Hume II (1980) and Lombana (1980), indicate that there is a consensus among the authors that the role of the counselor in implementing Public Law 94-142 should include the following.

Parent/Family Counseling and Consultation: Included under this heading would be such responsibilities as providing information to parents and students about their rights under the law. The counselor would provide family counseling where needed. Additionally, the counselor's role is viewed as providing such technical services as teaching parents behavior modification techniques and helping parents develop home management programs for their children where appropriate.

Advocacy: Under this rubric fall many responsibilities. All of the responsibilities, in one way or another, involve the counselor working to insure that the exceptional child and his parent/guardian are aware of their rights and that they are receiving the services they are entitled to under the law.

Career Development: Responsibilities include assisting the handicapped student in making career plans, providing information about alternative career plans, and guiding the student into vocational education programs when needed. Recommendations were also made that the role of the counselor include placement of handicapped students into jobs and educating the business community about the employability of handicapped individuals.

Testing and Evaluation: Responsibilities include both formal and informal screening and assessment. In addition, the counselor is envisioned as a consultant to teachers with regards to providing help in assessing needs and in developing and implementing individualized classroom activities to facilitate the education of the handicapped student.

Additional counselor roles which were mentioned less frequently in the literature were maintenance of records, referral coordinator, and providing individualized counseling services. Conflicting views were presented in the literature as to the role of the counselor in working with the Individual Education Plan. Hohenshil and Humes II (1979) hypothesized that the counselor should be actively involved in developing, maintaining, interpreting, and coordinating resources with regards to Individualized Education Plans. The authors stated that the counselor has long been identified with the individualization of programs and thus working with Individual Education Plans is a natural phenomenon. Lombana (1980), on the other hand, found that in actuality very few counselors are involved in activities to develop, implement, and evaluate the Individual Education Plan.

Summary of Counselor Education Curriculum Offerings Relevant to Public Law 94-142

Humes II (1978) points out that most counselor education programs have been designed around the developmental concept with an interest in teaching only those counseling skills which can be utilized with a normal population. Consequently, most

counselor education curriculums are in dire need of revision if students majoring in counseling are to be trained to work effectively with the handicapped population. Both preservice and inservice training are needed. Humes II (1978) recommends that inservice training include the teaching of skills in counseling exceptional children, counseling parents, consulting with parents and teachers, and writing Individual Education Plans. Humes II (1978) points out that there is great variation in counselor education curricula and thus variation in the skills and expertise of counselors in the field. Because of this variation in skills and expertise a needs assessment should be completed prior to the development and delivery of inservice training programs.

A consensus of three counselor educators, Hosie (1979), Humes II (1978) and Lombana (1980) appears to be that preservice counselor education curricula should be revised to include training in the following areas:

Parent Counseling: Training should be both in the areas of family counseling and family/parent consultation. As a consultant, counseling students should be trained to provide parents with assistance in developing home management plans for their handicapped child.

Formal and Informal Assessment and Evaluation: Training in this area should include a survey of classification systems of exceptionality. A survey of diagnostic tests is needed in which both strengths and limitations of the tests are discussed. Experiential activities should be provided in administering, scoring, and interpreting diagnostic tests. Knowledge of informal assessment methods should also be acquired, as the counselor is often called to assist classroom teachers in assessing the needs of handicapped students on a day-to-day basis for the purpose of individualizing the students' course of study.

Knowledge of Public Law 94-142: Training should consist of providing factual information with regards to Public Law 94-142.

Career Counseling: Training should center on how to assess the special career needs of the handicapped student. Emphasis should be placed on training the counselor to help the handicapped student find alternate or modified avenues to a career. Strategies for modifying the learning environment in existing academic and vocational programs should be taught.

Inservice Training: Emphasis should be placed on training counseling students to assess the inservice training needs of a staff. Training should also include procedures on how to develop, deliver, and evaluate inservice training programs.

Public Law 94-142 Survey Instrument for Counselor Educators

Sparsity of literature relevant to Public Law 94-142 implicitly implies a need to survey counselor educators with regards to their views on what the role of the counselor should be in implementing the law and how counselor education curricula should be revised to insure that counselors in training are prepared to carry out their roles. The following instrument was prepared by going through the Education for All Handicapped Children Act of 1975 line by line and pulling out every service related behavior mandated by the law. The service related behaviors were then organized around the eight clusters of Assessment and Evaluation, Related Services, Individualized Education Programs, Advocacy and Consultation, Inservice Training, Referral, Materials Development, and Administration. The instrument is designed so the counselor educator can respond "yes" or "no" to each service related behavior on the following four criteria.

1. Is currently the role of the counselor in implementing PL 94-142.
2. Should be the role of the counselor in implementing PL 94-142.
3. Counselor education curriculum currently trains for this role.
4. Counselor education curriculum needs revision to train for this role.

PL 94-142 SURVEY INSTRUMENT FOR COUNSELOR EDUCATORS

DIRECTIONS: Respond either "Yes" or "No" to each of the following four criteria for each service related behavior listed in the Survey Instrument.

Four Criteria:

1. Is currently the role of the counselor in implementing PL 94-142
2. Should be the role of the counselor in implementing PL 94-142
3. Counselor education curriculum currenlty trains for this role
4. Counselor education curriculum needs revision to train for this role

Example:

Involvement in evaluating the effectiveness of the individualized education program for each handicapped child

Four Criteria							
1		2		3		4	
Yes	No	Yes	No	Yes	No	Yes	No

SERVICE RELATED BEHAVIORS

FOUR CRITERIA							
1		2		3		4	
Yes	No	Yes	No	Yes	No	Yes	No

I. ASSESSMENT AND EVALUATION:

1. Involvement in the screening of children within the school and community for the purpose of detecting handicapping conditions.

2. Involvement in the assessment and diagnosis of the following handicapping conditions:
   - A. Perceptual handicaps
   - B. Brain injury
   - C. Minimal brain dysfunction
   - D. Dyslexia
   - E. Developmental aphasia
   - F. Visual handicaps
   - G. Hearing handicaps
   - H. Motor handicaps
   - I. Mental retardation
   - J. Emotional disturbance
   - K. Environmental disadvantage
   - L. Cultural disadvantage
   - M. Economic disadvantage

3. Involvement in the evaluation of materials and procedures for the assessment, diagnosis, and placement of handicapped children to insure that the materials and procedures are not racially or culturally discriminatory.

4. Involvement in the evaluation of the effectiveness of materials, procedures, and programs utilized to educate handicapped children.

II. RELATED SERVICES:

5. Involvement in locating, identifying, evaluating, and describing related service facilities and personnel needed to enhance the education of handicapped children.

6. Involvement in providing the following related services to meet the unique needs of handicapped children.

	Check Level of Involvement		
	DEVELOPMENTAL	CORRECTIVE	SUPPORTIVE
A. Speech pathology			
B. Audiology			
C. Psychology			
D. Physical therapy			
E. Occupational therapy			
F. Recreation			
G. Counseling			

III. INDIVIDUAL EDUCATION PROGRAM:

7. Involvement in the development of the following aspects of the Individualized Education Program.
   A. Assessment of present levels of educational performance
   B. Writing instructional objectives
   C. Specifying educational services to be provided
   D. Specifying duration of the educational services
   E. Specifying evaluation procedures

8. Involvement in maintaining records relevant to the Individualized Education Program for each handicapped child.

9. Involvement in evaluating the effectiveness of the Individualized Education Program for each handicapped child.

FOUR CRITERIA							
1		2		3		4	
Yes	No	Yes	No	Yes	No	Yes	No

IV. ADVOCACY AND CONSULTATION:

10. Involvement in the following activities to protect the rights and procedural safeguards of handicapped children and their parents/guardians.
    - A. Provide help in obtaining an independent educational evaluation if desired.
    - B. Act as advocate for child when parents/guardian are unknown.
    - C. Inform parents/guardians of their due process rights.
    - D. Inform aggrieved parents/guardians of legal rights.

11. Involvement in consultation procedures with parents/guardians of handicapped children.
    - A. Provide general counseling services.
    - B. Provide information related to the educational placement of the child.
    - C. Provide information of proposed changes in educational plans.

V. INSERVICE TRAINING:

12. Involvement in the personnel development program established by the State Educational Agency.

13. Involvement in the development and implementation of a comprehensive local inservice training program for personnel development.

14. Involvement in the acquisition and dissemination to teachers and administrators of significant information derived from educational research, demonstrations, and similar projects.

15. Involvement as a consultant to personnel involved in or concerned with the education of handicapped children.

VI. REFERRAL:

16. Involvement in the evaluation of private schools and facilities to meet the needs of special education students that cannot be met in public schools.

FOUR CRITERIA							
1		2		3		4	
Yes	No	Yes	No	Yes	No	Yes	No

	FOUR CRITERIA							
	1		2		3		4	
	Yes	No	Yes	No	Yes	No	Yes	No
VII. MATERIALS DEVELOPMENT:								
17. Involvement in establishing and operating centers which provide educational media and materials for the handicapped.								
18. Involvement in establishing the following instructional materials for handicapped children:								
A. Design instructional materials								
B. Develop instructional materials								
C. Adapt instructional materials								
VIII. ADMINISTRATION:								
19. Involvement in the following procedures to assure that a free, appropriate, least restrictive public education is provided for all handicapped children.								
A. Policy development.								
B. Establishment of timetable for goal attainment of the educational unit.								
C. Provide evaluative information and statistics to State Educational Agency.								
D. Make pertinent information available to the general public.								
20. Involvement in the following administrative responsibilities:								
A. Insure proper distribution of Federal funds.								
B. Provide hearings for local educational agency or intermediate educational unit.								
C. Review policies and programs of local educational agencies to insure compliance with Federal laws.								
D. Establish and maintain procedural safeguards.								
21. Serve on State advisory panel to comment on rules and regulations for the education of handicapped children, distribution of funds, and assist State in developing and reporting data and evaluations to the U.S. Commissioner.								

Summary

A survey of the literature suggests that the role of the counselor in implementing Public Law 94-142 is still in a state of clarification. Concurrently counselor education curricula are also in a state of review. There appears to be some consensus that the role of the counselor in implementing the law should include providing counseling and consultation services to parents and students, serve as an advocate for parents and students, work with handicapped students regarding their career development, and participate in screening and evaluating handicapped students. A consensus of three counselor educators is that the preservice curricula in counselor education should be revised to include training in parent counseling, formal and informal assessment of handicapped students, knowledge of PL 94-142, career development for handicapped students, and skills in providing inservice training for staff working with the exceptional child. In an attempt to more succinctly clarify how counselor educators view the role of the counselor in implementing PL 94-142 and what they perceive the training needs of the counselor to be, a survey instrument was constructed for dissemination to counselor educators.

References

1. Education for All Handicapped Children Act of 1975. Public Law 94-142. 94th Congress, S. 6. November 29, 1975.

2. Bohenehil, Thomas E. and Hunes II, Charles W. "Roles of Counseling to Ensuring the Rights of the Handicapped." Personnel and Guidance Journal. Volume 58, No. 4, December 1979, p.p. 221-227.

3. Hoels, Thomas W. "Preparing Counselors to Meet the Needs of the Handicapped." Personnel and Guidance Journal. Volume 58, No. 4, December 1979, p.p. 271-273.

4. Hunes II, Charles W. "Implications of PL 94-142 for Training and Supervision." Counselor Education and Supervision. Volume 18, No. 1, September 1978, p.p. 126-129.

5. Lebsock, Marjean S. and Deblassie, Richard R. "The School Counselor's Role in Special Education." Counselor Education and Supervision. Volume 15, No. 2, December 1975, p.p. 129-134.

6. Lombana, Judy R. "Guidance of Handicapped Students: Counselor In-Service Needs." Counselor Education and Supervision. Volume 19, No. 4, June 1980, p.p. 269-274.

7. McDowell, William A., Coven, Arnold B. and Koch, Violette C. "The Handicapped: Special Needs and Strategies for Counseling." The Personnel and Guidance Journal. Volume 58, No. 4, December 1979, p.p. 229-232.

High Risk Infants of Teenage Mothers: Later Candidates for Special Education Placement?

Elizabeth Landerholm
Roosevelt University

Introduction

Public Law 94-142 mandates a free appropriate public education for handicapped children, ages 3-21. For preschool children, however, this mandate may not apply if the requirement is inconsistent with state law or practice, or with any relevant court decrees (Ballard, 1977). In such cases, children may not receive education until they are six years old.

Contemporary learning theory reinforces the idea that the earlier education begins, the greater likelihood that children will achieve optimum development. Reinforcement comes from the proposal by J. McVicker Hunt (1960) that intelligence is not fixed, but depends on one's encounter with his early environment, and by Benjamin Bloom (1965) that intelligence develops during the first few years of life.

For the handicapped child, this period of early development may be even more critical. A good start at cognitive development may make the difference between functioning and nonfunctioning in adult society. Weikart (1963) found that mentally handicapped children who had attended preschool were more likely to qualify for regular classrooms rather than special education programs. Schweinhardt and Weikart (1980), in a followup study of these mentally handicapped children at age 15, found that 5% had been able to continue their education in regular classrooms after participating in preschool. Another indication of the powerful results that early intervention can bring was revealed in Heber's study in Milwaukee (Whimbey and Whimbey, 1975) of low IQ (70) mothers who had older problem children. Intervention was begun at the birth of subsequent children. By age 5 those children had an average IQ of 120. Thus, early intervention with handicapped children has been shown to be effective.

How does one identify children who would benefit from early intervention? Pre-

vious investigators have found the following categories to be "at risk" for developing optimally: preterm babies, babies of lower socio-economic class, babies of teenage mothers. It is the purpose of this paper to review some of the more relevant research surrounding the problem of teenage pregnancy and the special educational needs of the infants of these teenage mothers as a representative portion of the larger problem.

Magnitude of Teenage Pregnancies

Is the teenage pregnancy problem small, one affecting only a few babies? Following are numbers of babies born to young women ages 15-19 from 1950-1977 (Furstenberg, 1976; Stevens, 1980):

1950: 419,635
1955: 585,966
1965: 590,895
1970: 644,708
1975: 570,672
1977: 570,609

Although the number of teen births has declined slightly, if the increased number of abortions (378,500) in 1977 (Jones and Placek, 1979) is taken into account, the number of pregnancies appears to be quite consistent. Of this number, the proportion that could be described as illegitimate births has increased greatly, going from 56,000 in 1950 to 190,000 in 1970. An additional area of attention and concern is that in earlier times, the great majority of girls gave up their babies for adoption; now 97% of the girls keep their babies (Hines, 1980). All of this suggests that there are close to 600,000 additions each year to the at-risk population of infants who well may become candidates for special education classes.

Teenage Mothers and High Risk Infants

Infants of teenage mothers are particularly vulnerable to impaired birth and growth. The teenage mother, too, is vulnerable. Teenage mothers have 20% more medical problems than older mothers. The younger the mother, the higher the risk

for toxemia, anemia, prolonged labor, prematurity, and low birth weight (Hines, 1980). Their infants have a higher mortality rate, higher morbidity rate, poorer Apgar scores, and higher incidence of low birth weight and prematurity (Jones and Placek, 1979). Many facotrs affect these results. A major factor is prenatal care. Teenagers are less likely than adults to get early and consistent prenatal care (Allan, 1980, Alan Guttmacker Institute, 1976, Monkus and Bancalari, 1981). Good prenatal care is crucial in preventing deaths. In Chicago, in 1974, the death rate for children of mothers who received no prenatal care was 114.5 per 1,000 as compared to 26.4 per 1,000 for those mothers who received prenatal care in Board of Health clinics, and 13.2 per 1,000 for women treated in the special high-risk prenatal city centers (Sun Times, December 18, 1975). In addition, teenagers' nutrition is generally worse than adults. Teenagers, age 13-16, appear to be most vulnerable of any age groups according to the Ten State Nutritional Survey (Kafatos, Anthony, and Chriski, 1981). Pregnant teenagers of low socio-economic status (S.E.S.) are at risk for malnutrition. The risk is higher when the pregnancy occurs close to menarche. There is a great deal of controversy over whether the infant's vulnerability results from the mother's age per se or from the combination of S.E.S., prenatal care, nutrition, and the use of drugs, alcohol, etc. It appears that it is not the age per se, as those intervention programs that have concentrated on prenatal care have reduced infant vulnerability (Osofsky and Osofsky, 1970; Sandler, H.M., Vietze, P.M., and O'Conner, C., 1981; Hardy et al, 1981).

Mother/Infant Interaction Studies

Researchers have found that the interaction of the mother with the child during the first three years of life affects the child's cognitive development. (See review articles, Moon-Hi, Ro, 1976; Freeberg, 1977.) In addition, the mother's interaction is influenced by social class (Hess and Shipman, 1975; Tulkin, 1977; Moon-Hi, Ro, 1976) and by cultural background (Steward and Steward, 1973; Caudhill, 1966;

Freedman, 1978). Just as earlier researchers found that the mother's interaction affected the child, later studies found that the child's interaction affected the mother (Bell, 1968; Osofsky & Danzger, 1974). In particular, preterm infants have been found to affect the mother's interaction because they are more fussy, provide less clues and are generally less responsive than term babies. The mothers have to work much harder to sustain interaction (Bakeman and Brown, 1980; Brachfelf, Goldberg & Sloman, 1980; Field, 1977; Cohen & Beckwith, 1979; and for a recent review see Goldberg, 1978).

Teenagers are more likely to have premature babies. This makes interaction more difficult, which also may lead to more likelihood of cognitive deficits at school age. Tiffany Field (1981) in a study of teenage and adult mothers of normal and preterm infants found that the teens had more obstetric problems. Their infants had more post-natal complications and more were small-for-date infants. The teens showed less trait anxiety, did not differ on pregnancy and delivery anxiety, and did show slightly more anxiety about their babies' postnatal care and development. In terms of knowledge of child development, the adolescent mothers of preterm infants showed unrealistic expectations regarding developmental milestones. They expected their infants to achieve these milestones earlier than was realistic. In their interactions with their preterm babies, teenage mothers were less vocal, less contingently responsive, and engaged in less game playing during face-to-face interactions. During feeding interactions they held their babies in a less optimal position. Field also found that these teenage lower class mothers tended to understimulate their babies when the babies did not respond, whereas middle class white mothers responded to their infants' lack of response by overstimulating their babies.

Researchers had found with normal infants that the baby's first teacher was the mother and that teaching the mother to teach her child was more effective than working with only the baby. The intervention studies of Weikart and Lambie (1970),

Gordon (1975), and Heber (Whimbey and Whimbey, 1975) are pertinent here. Planned to teach mothers effective mothering skills, they showed that improving the mother's skills can increase her child's cognitive development. Bromwich (1977) found that interaction skills can also be taught to mothers of handicapped infants. Her parenting program included six levels: Level 1--helping the parent to enjoy her infant, Level 2--helping the parent become a sensitive observer of her infant, Level 3--helping the parent discover the quality and quantity of mutuality, Level 4--helping the parent become aware of materials for working with the baby, Level 5--helping the parent initiate new ideas with the materials, Level 6--helping the parent reach the stage where she can independently generate new ideas in each of her baby's developmental stages.

Intervention programs are shown to have succeeded in helping adult mothers of both normal and handicapped babies. Does this indicate a need for intervention programs for teenage mothers and their infants? It might be said that the need in the latter case is even greater.

Intellectual and Emotional Development of the Children of Teenage Parents

The babies of teenage mothers are at risk medically. They also may be at risk socially and cognitively. It was not until recently, however, that any studies were conducted to investigate how the children of teenage parents did at a later age. As late as 1973, Nelson (1973) noted that the effects of S.E.S., personality of the mother, and the environment's effect on the child have all been studied, but the age of mother had not been addressed. Most of the early literature related problems of teenage pregnancy; it tended to ignore postpartum history.

Recently some studies of the children of teenagers and their intellectual and emotional development (Pearlman, 1980; Welcher, 1979) suggest that teen mothers do well with their infants for the first six months but that when the children get to the toddler stage, the mothers have more difficulty. They particularly have diffi-

culty dealing with the toddler's growing independence and their intellectual curiosity. Burton White (1975) observed that most adult mothers do well with their infants until about 10 months. It is at that time that differences begin to show up between well developing, competent children and those developing less well. Epstein (1980) found that both teen mothers and adult mothers typically under- or overestimated the developmental tasks their children can do at various ages. Adult mothers will observe their children closely, however, and will redefine their expectations based on the children's performance, while the teens observe their babies less keenly. They do not revise their expectations for development, a shortcoming that leads to many inappropriate parenting behaviors. Welcher (1979) and Bierman, B. & Bierman, J. ( ) postulated that teen mothers have difficulty dealing with toddlers who are beginning to demonstrate independence in a manner similar to adolescents because they are still in the adolescent stage themselves. DeLissovoy (1973) found that teenage mothers were more punitive and restrictive in their child-rearing practices than were adult mothers. Furstenberg (1976) compared the cognitive development of teenage mothers with four samples of other preschool children.

The results indicated that the children of adolescent mothers were less well equipped in terms of cognitive skills than their counterparts in other samples. Their level of attainment was related strongly to their socio-economic status. Froman (1981) found that the children of teenage mothers, by the age of four, had lower IQ scores, had a higher retardation rate (not in all S.E.S. levels), had less advanced motor development, and had a higher frequency of deviant behavior than children of older mothers. S.E.S. effects on test scores, however, were larger than maternal age effects. Dryfoos, Cohen, Stein, and Zayac (1981) did not find any significant difference relating maternal age <u>per se</u> and the children's IQ scores. The lower IQ scores of the children of teenage parents were related to socio-economic status and education. The socio-economic status and education of the teenage mother is, however, what is most likely to be affected by becoming pregnant at an early age

(Stevens, 1980; Hines, 1980; Furstenberg, 1976). According to Hines (1980), the younger the pregnant teenager, the more likely she is to drop out of school. Among those who give birth at age 17 or younger, 80% never finish high school. The younger the mother is at birth, the more likely she is to have a greater number of pregnancies in close succession, further limiting her educational and employment prospects. The effect of parental economic stability on children's IQ scores is further demonstrated by Furstenberg's (1976) data that the children of two-parent families and working-single-parent families had higher IQ scores than children of single parent families where the parent was unemployed.

Of all the cognitive skills, language development seems to be particularly affected. Epstein (1981), Welcher (1979), and Field (1981) all found that teenage mothers did not talk much to their babies. When they did talk, they talked more at their babies than to them. Since they did not read their babies' cues well and expected little from their babies, they consistently did too little and did it too late, especially in terms of helping language development. Many researchers have found that low S.E.S. correlates with poorer performance on language tests (Gordon, 1975, Weikart, 1963, Bereiter & Englemann, 1966). Gordon (1975) found that within a group of lower class mothers while not all mothers were deficient in language, there was a strong relationship between the mother's use of language and the child's IQ. He further found that, throughout the project, both the amount of general interaction between the mothers and their infants and the amount of instructional interaction increased. There was a positive relationship between the adult's language and the child's performance.

Thus, it would seem that teenage mothers are particularly at risk for producing cognitive deficits in their children and that intervention programs geared toward increasing their education and employability as well as their parental skills would produce more results at less cost than waiting until the child is six and requires the services of a special education classroom.

Intervention Programs

Twenty years ago there were few programs for pregnant teenagers or teenage parents. In the 1976 directory prepared by the National Alliance Concerned with School Aged Parents, 1100 agencies were listed that provided some type of specialized assistance to this population. Similarly in the 1960's there were no federal agencies or funds for this population, while in 1978 the Office of Adolescent Pregnancy Programs was created. Along with these trends, a variety of programs was established:

...to prevent teenage pregnancy through contraception and sex education,

...to prevent teen parenthood through abortion or adoption, and

...to reduce infant mortality and morbidity through prenatal assistance.

A few comprehensive programs include all the previous aspects and add a follow-up component with medical, educational, social service and parenting education content (Klerman, 1981).

The preventive approach has had some effect, but not nearly enough to have wiped out the problem. Most cities over 100,000 have at least some special services for pregnant adolescents (Wallace, 1973). However, these services are reaching only a small part of the total target population (estimates are about 20% of the population). In addition, follow-up services to mother and baby are even more rare, and generally do not extend beyond the sixth-week checkup. The focus of the attention is still on the mother's pregnancy, and not the child's growth and development.

One of the early models for comprehensive services to pregnant teenagers was the special school. Washington (1975) describes four representative programs: Columbus Urban League's Bethune Center for Single Parents, Columbus, Ohio; Lady Pitts Center for School-Age Mothers, Milwaukee, Wisconsin; Harriet Tubman Continuation High School, Compton, California; and Edgar Allan Poe School for Teenage Mothers, Baltimore, Maryland. Similar programs in the Chicago Public Schools were, the Tubman, Simpson and Bousfield Alternative Schools for Pregnant Girls.

Comprehensive services and research were provided in the Young Mothers Educa-

tional Development Program (Osofsky and Osofsky, 1970). The research component included reports on the health of the baby and mother at birth as well as mother-infant interaction. Videotapes of mother-infant interaction were made at 1-, 3-, 6-, 9-, and 12-month pediatric examinations. Both infants and mothers were scored on each of three 5-point scales. Infant behavior was scored on activity, responsivity, and affectivity scales; levels of verbal interaction with the child, physical interaction with the child, and warmth were scored. Mothers were found to rank high on warmth and physical activity, lower on language. Babies were high in activity, lower in affectivity and responsivity. General results indicated that, among the adolescent mothers in the program, more were working or in school (only 13% at home and on welfare) than in the population at large. In addition, their infants had a lower mortality rate and were less likely to be premature.

As laws have changed, a pregnant girl can no longer be excluded from school because of the pregnancy. Many girls now continue in their regular school. Klein (1975) reports on a comprehensive program based in a regular school in Atlanta. Comprehensive health care was provided at the hospital, but for a part of the program period, subsequent prenatal exams were given after school hours in the school infirmary by an obstetrician. A reproductive health class was conducted daily in school for both pregnant and non-pregnant students.

Two reasons are cited for preferring a system that keeps pregnant students in regular school: (1) Girls forced from school are deprived of their civil rights. Deprived of support from their friends and their peer groups and of relationships with significant adults, they are more likely to drop out permanently. (2) Special schools require more funding. In a study of 150 large (over 100,000 population) U.S. cities (Wallace et al, 1973), 87% of the services to pregnant teenagers were provided by educational agencies. Health agencies were the next highest and social service agencies provided the least.

Recent special programs for teenage mothers have been based at a hospital and

have included research components. Hardy et al, (1981) conducted a program at Johns Hopkins University Hospital in Baltimore, Maryland; Badger (1981) conducted a program at Cincinnati General Hospital in Cincinnati, Ohio; Sandler, Vietze and O'Connor (1981) conducted a study at Nashville General Hospital in Nashville, Tennessee and Field (1981) conducted a program in connection with the Department of Pediatrics, Mailman Center for Child Development, University of Miami.

The Johns Hopkins University program for adolescent mothers was an excellent example of a health care program. The program started as a prenatal service for adolescent girls. It developed an additional follow-up component covering the period from the infants' birth through age 3. The services provided were health supervision, family planning, infant health, and developmental screening, health education activities, infant nutritional supplements, social services, outreach, vocational counseling, educational counseling, and parent education. Hardy et al.(1981) found that young mothers in the follow-up program had fewer repeat pregnancies than the general population in the first year (7.5% compared to 21%) and the second year (25% compared to 39%) and that 85% remained in school or were graduated as compared to the usual dropout rate of 85%. Their infants' development was above average except in language.

Earladeen Badger (1981) conducted another hospital-based program at Cincinnati General Hospital. This project provided comprehensive services: medical care (pre- and post-natal) and nutritional and counseling services. In addition, follow-up intervention services were provided in two comparison delivery methods: 1) Members of weekly classes for high-risk mothers ages 16 or younger were compared to a separate class for low-risk mothers ages 18-19; 2) separate groups of high-risk mothers and another group of low-risk mothers both receiving monthly home visits were also compared. The follow-up lasted for twelve months. The results indicated that the infants in the high-risk class group tested significantly higher on IQ than the high-risk home-visit group. There was no significant difference for the infants of the

low-risk class group vs the low-risk home-visit group. The infants of the high-risk class group did significantly better on the Bayley motor scale than the infants in the low-risk class group. The number of mothers in both the low-risk and high risk class groups who were working or in school was greater than the numbers in the home-visit groups.

The Nashville Comprehen ive Child Care Project, also a hospital-based program, provided comprehensive medical, social services and educational services including bimonthly home visits. This project found that with an intensive prenatal component and postnatal follow-up (through preschool) there were no differences between adolescent mothers and adult mothers on prenatal obstetric performance and delivery outcome, and no differences in infant performances. The mother-infant interaction data indicated that the younger mothers tended to interact more physically with their infants while older mothers tended to vocalize more to their infants.

Another hospital-based intervention program with a research component was conducted by T. Field (1981) in connection with the Department of Pediatrics, Mailman Center for Child Development, Miami. An intervention group of 30 preterm infants and their teenage mothers were given the usual prenatal and follow-up post-natal care. In addition, they had biweekly home visits from a team (a trained home visitor and a work-study student of the same "race" and S.E.S. as the teenage mother). This experimental group of mothers and infants was compared with four other non-intervention groups of similar size:

(a) 30 preterm infants and teenage mothers,

(b) 30 term infants and teenage mothers,

(c) 30 preterm infants and adult mothers, and

(d) 30 term infants and adult mothers.

The teenage mothers were lower class blacks. The adult mothers were middle-class whites.

The results, comparing teen-mother with adult-mother groups, were: Teens experienced more obstetric complications, had less realistic developmental expectations, and adopted more punitive child-rearing attitudes than the adult mothers. The babies of teen mothers had lower pandoral indices. Term vs. preterm: Preterm mothers had more obstetric problems and their infants were less nearly optimal. Preterm adult vs. preterm teen mothers: Teenage mothers had more complications and showed less realistic child-rearing attitudes and developmental expectations. Teens' babies had lower birth weight for date based on panderal indices. Intervention vs. non intervention groups: Infants of the preterm intervention group were of greater weight and length. They also received more nearly optimal Denver adaptability and cumulative scores, were assigned more nearly optimal temperament ratings for approach and distractability, and had lower systolic and diastolic blood pressures than the preterm infants of nonintervention groups. Their mothers showed less state of anxiety, lower systolic blood pressure, and more realistic developmental expectations. These mother-infant dyads also received more nearly optimal ratings on face-to-face interactions than did those preterm-infant-teenage-mother dyads who did not experience intervention (Field, 1981).

The third type of intervention program is the one operated by, through or with a social service agency. The social service agency providing the greatest number of social services to pregnant teens was the maternity home. The Office of Adolescent Pregnancy Programs funded in 1978 three social service agency programs that linked up with health and educational agencies to provide comprehensive services. These model programs are The S.W. Bronx Youth Services program, Central Massachusetts Family Planning program, and the Florence Crittendon Teenage Maternity Center in Houston, Texas (Nix, 1979). Social service agencies for unwed mothers have a long history, but have been principally service oriented. Little research has been published, particularly in terms of the child's long term development and the mother-

child interaction. The research on these model programs has not yet been published.

Besides the comprehensive services reported above, a few inexpensive programs geared to the childrearing abilities of young mothers are worth noting. Carroll Truss ran a program that provided parenting classes for an experimental group 3 hours a week for 10 to 12 weeks after which a supplemental booklet was sent every two months for 48 months. These booklets stressed child management and teaching skills. Infants were tested at 12 and 24 months on the Bzoch-League Receptive Expressive Emergent Language test. There were no significant differences at 12 months but at 24 months the experimental group scored significantly higher than the controls on language skills. There was no significant difference between control group and experimental group mothers on the Caldwell Home Inventory Scale (Truss, 1977).

In a program described by Wedemeyer and Field (1980) two forms of intervention were conducted in a hospital setting for lower class teenage mothers of preterm infants during the prenatal period. One group of preterm infants was given the hospital's routine neonatal assessment, the Brazelton Neonatal Behavioral Assessment Scale in the presence of the infant's mother. In addition, these mothers were asked to independently administer the mother's version of the Brazelton assessment called the Mother's Assessment of the Behavior of Her Infant (MABI) at birth and one week intervals during the first month. It was thought that the Brazelton would provide modeling for ways the mother might elicit optimal interactive behaviors from her infant and that the MABI would provide further practice in observing and interacting with her baby. The second group received the MABI scale alone. After a month, both the Brazelton-MABI group and the MABI group were scored on the Brazelton interactive process scale and on mother-infant feeding and face-to-face interactions. Both study groups got more nearly optimal scores than preterm and term infant control groups that had not experienced the intervention program. More effects were observed, as had been expected, for the Brazelton demonstration-MABI study group than for the group that had had the MABI scale alone.

This work was part of a larger study of teenage and adult mothers of term and perterm babies. Subsequent follow-up showed that the Brazelton-MABI group of mothers and infants continued to out-perform the preterm and term control groups (Field, 1981). The data suggest that a relatively small investment of time and money with all high-risk infants and mothers while they are hospitalized could have a significant positive effect on the child's later development.

Unmet Needs

Teenagers, in expressing their assessments of programs, told Epstein (1981) that they liked the school-based programs best, had mixed experiences with hospital-based programs, and liked the social-service-based programs least. They identified their unmet needs as needs for infant day care and for vocational programs for themselves and the babies' fathers. Jekel and Forbush (1979) found in interviewing young parents that they considered their five major needs to be driver education, parenting education, health education, home economics training, and health services. In addition, there is a need for support for the teenager's mother (Welcher, 1979).

Implications

Research indicates that effective ways have been found to reduce teenage pregnancy: 1) Set up health clinics in the school which offer regular health care such as physical exams and diet counseling as well as birth control supplies and counseling. Other elements critical to the success of in-school clinics are: intensive follow-up; supportive, caring personnel; and easy access to birth control supplies without parental consent. 2) Establish clinics outside the school that provide easy access to birth control supplies without parental consent; include intensive follow-up and supportive personnel and ensure the clinic's becoming well known to teenagers.

In addition, to reduce infant mortality, morbidity and prematurity, the mother must come in early for prenatal care. Again, girls are more likely to get early

prenatal care if: 1) The health clinic in the school provides other health care services, and offers easy access to pregnancy testing, supportive counseling, and intensive follow-up. If the girl comes in early, health criteria would allow abortion counseling as well. The regular health clinic in the school seems to be the best method for both birth control education and early prenatal care as it provides anonymity (a girl could be going in to get diet pills or other health services) and it is well known to teens. Often the pregnant teenager does not know where to go for pregnancy testing and those she is likely to tell of her condition (her friends) do not know either. Non-school community clinics have also succeeded, however, if they are known to teenagers, are easily accessible (with minimal red tape), and provide services without parental consent.

To reduce repeat pregnancies, increase employability, and assure optimum child development, the following program seems necessary: comprehensive, one-stop service including counseling, parent education, medical services, job training, and education. Supportive staff and intensive follow-up are needed until the child is at least three years old. So long as those ingredients are present, it does not seem as crucial whether the program is school-based, hospital-based, social-service-based, or home-based.

Finally, all the support necessary to help the young family become independent is needed so it can support its children, instead of waiting until it falls apart in child abuse, wife abuse, and other trauma. This support system includes, in particular, infant day care, driver education, vocational training, high school education, home management training, marital counseling, and parenting education.

Conclusions

Recent research demonstrates that intervention programs can have an impact on reducing infant mortality, morbidity, and prematurity; that they can have an impact on high school graduation, employment, and repeat pregnancies; that they can have

an impact on parenting skills; and that they can have an impact on the child's social and cognitive development. It would seem wise for society to invest more money and effort into preventing untoward pregnancies, preventing birth deficits, and enhancing and supporting mothers' parenting skills. Preventable special education placements could be avoided. The special education community might then be allowed to focus its talents on cases, from birth through age 21, where that community alone is able to help.

References

Allen, James E. Managing Teenage Pregnancy: Access to Abortion, Contraception, and Sex Education. New York: Praeger Publishers, 1980.

Badger, Earladeen. "Effects of a Parent Education Program on Teenage Mothers and Their Offspring." In K. Scott, T. Field & E. Robertson, Teenage Parents and Their Offspring. New York: Grune & Stratton, Inc. 1981.

Bakeman, Roger and Brown, Josephine V. "Early Interaction: Consequences for Social and Mental Development at Three Years." Child Development, 1980, 51, 437-447.

Ballard, Joseph. "Public Law 94-142 and Section 504--Understanding What They Are and Are Not." Reston, Virginia: Council for Exceptional Children, 1977.

Bell, R.Q. "Contributions of Human Infants to Caregiving and Social Interaction." In Lewis, M. and Rosenblum, L.A. (Eds.) The Effect of the Infant on Its Caregiver. New York: John Wiley & Sons, 1974.

Belmont, L., Cohen, P., Dryfoos, J., Stein, Z. and Zayac, S. "Maternal Age and Children's Intelligence." In K. Scott, T. Field & E. Robertson (Eds.) Teenage Parents and Their Offspring. New York: Grune & Stratton, Inc.,1981.

Bereiter, C. and Englemann, S. Teaching Disadvantaged Children in Preschool. New Jersey: Prentice-Hall, 1966.

Bierman, Babette R., Bierman, Joseph S. "Parenting a Toddler: Problems Encountered by Adolescent Mothers." ED 190249.

Bloom, Benjamin. "Early Learning in the Home." B.J. Paley Lecture, University of California at Los Angeles, July 18, 1965.

Brachfeld, Sheila, Goldberg, Susan and Sloman, Jane. "Parent-Infant Interaction in Free Play at 8 and 12 Months: Effects of Prematurity and Immaturity." Infant Behavior and Development, 1980, 3(4), 289-306.

Broman, Sarah. "Long Term Development of Children Born to Teenagers." In K. Scott, T. Field & E. Robertson (Eds.) Teenage Parents and their Offspring. New York: Grune & Stratton, Inc., 1981.

Bromwich, R. "Early Stimulation in the First Year of Life? A Perspective on Infant Development." Young Children, 1977, 32, 71-82.

Caputo, D.V., Goldstein, K.M., Taub, H.B. "The Development of Prematurely Born Children Through Middle Childhood." In Field, T., Sostek, A., Goldberg, S., Shuman, H.H. (Eds.) Infants Born at Risk. New York: Spectrum, 1979.

Caudill, W. and Weinstein, H. "Maternal Care and Infant Behavior in Japan and America." Psychiatry, 1969, 32, 12-43.

Cohen, Sarale E. and Beckwith, Leila. "Pre-term Infant Interaction with the Caregiver in the First Year of Life and Competence at Age Two." Child Development, 1979, 50, 767-776.

De Lissovoy, Vladimir. "Child Care by Adolescent Parents." Children Today, July-Aug. 1973, 22-25.

Epstein, Ann. Assessing the Child Development Information Needed by Adolescent Parents with Very Young Children. Final Report, Grant # 90-C-1341, Department of Health, Education and Welfare, Washington, D.C., 1980.

Field, Tiffany M. "Effects of Early Separation, Interactive Deficits and Experimental Manipulations on Infant-Mother Face-to-Face Interaction." Child Development, 1977, (a)48, 763-771.

Field, Tiffany. "Early Development of the Preterm Offspring of Teenage Mothers." In K. Scott, T. Field & E. Robertson (Eds.) Teenage Parents and their Offspring. New York: Grune & Stratton, Inc., 1981.

Field, T., Goldberg, S., Stern, D., Sostek, A. (Eds.) High-Risk Infants and Children. New York: Academic Press, 1980.

Freeberg, N.E. and Payne, D.T. "Parental Influence on Cognitive Growth in Early Childhood: A Review." Child Development, 1968, 38, 65-87.

Freedman, Daniel. Paper presented at the International Conference on Infant Studies, Providence, Rhode Island, 1978.

Furstenberg, Frank F. Unplanned Parenthood: The Social Consequences of Teenage Childbearing. New York: The Free Press, 1976.

Goldberg, S. "Prematurity: Effects of Parent-Infant Interaction." Journal of Pediatric Psychology, 1978, 3, 137-144.

Gordon, Ira J. The Florida Parent Education Early Intervention Projects: A Longitudinal Look. Publication Office/IREC, Jan. 1965.

Hardy, J.B., King, T.M., Shipp, D.M., and Welcher, D. "A Comprehensive Approach to Adolescent Pregnancy." In K. Scott, T. Field and E. Robertson (Eds.) Teenage Parents and their Offspring. New York: Grune & Stratton, Inc., 1981.

Hess, R.D. and Shipman, V.C. "Early Experiences in the Socialization of Cognitive Modes in Children." Child Development, 1965, 34, 869-886.

Hines, Suzanne. "Adolescent Pregnancy and Parenthood: Planning for Systematic Services." Scan, United Way of Metropolitan Chicago, March, 1980, 2-9.

Hunt, J. McVicker. Intelligence and Experience. The Ronald Press, 1961.

Jekel, James F., Forbush, Janet B. "Service Needs of Adolescent Parents." Journal of School Health, Vol. 49, No. 9, Nov. 1979, 527-530.

Kafatos, Anthony G., Christakis, George and Fordyce, Marianna. "Nutrition and Teenage Pregnancy." In K. Scott, T. Field and E. Robertson (Eds.) Teenage Parents and their Offspring. New York: Grune & Statton, Inc., 1981.

Klein, Luella. "Models of Comprehensive Service - Regular School-Based." Journal of School Health, May 1975, Vol. XLV, No. 5.

Klerman. Lorraine V. "Programs for Pregnant Adolescents and Young Parents: Their Development and Assessment." In K. Scott, T. Field and E. Robertson (Eds.), Teenage Parents and their Offspring. New York: Grune & Stratton, Inc., 1981.

Monkus, Ellen and Bancalari,Eduardo. "Neonatal Outcome." In K. Scott, T. Field and E. Robertson (Eds.), Teenage Parents and their Offspring. New York: Grune & Stratton, Inc., 1981.

Moon-Hi, Ro. "Mother-Infant Interaction in Perceptual-Cognitive Development." In Etta C. Walters (Ed.) Mother-Infant Interaction. New York: Human Science Press, Behavior Publications, Inc. 1976.

O'Brien, Patricia. "Preventing Infant Deaths." Sun Times, Dec. 18, 1975, p. 101.

Nelson, Shirley. "Schoolage Parents." Children Today, May 1973, 2, 22-24.

Nix, Lula Mae. Paper presented at the annual conference of the National Association for the Education of Young Children, Atlanta, 1979.

Osofsky, Howard J., Osofsky, Joy D. "Adolescents As Mothers: Results of a Program for Low Income Pregnant Teenagers With Some Emphasis Upon Infants' Development." Paper presented at the American Orthopsychiatric Association Convention in San Francisco, California, March 23-26, 1970. ED041-300.

Osofsky, J.D. and Danzger, B. "Relationships Between Neonatal Characteristics and Mother-Infant Interaction." Developmental Psychology, 1974, 10, 124-130.

Pearlman, Sylvia. "Pregnancy and Parenting Among Runaway Girls." Journal of Family Issues, June 1980.

Ramey, Craig T., Farran, Dale C., and Campbell, Francis A. "Predicting IQ From Mother-Infant Interactions." Child Development, 1979, 50, 804-814.

Sandler, H.M., Vietze, P.M. and O'Connor, C. "Obstetric and Neonatal Outcomes Following Intervention with Pregnant Teenagers." In K. Scott, T. Field and E. Robertson (Eds.), Teenage Parents and their Offspring. New York: Grune & Stratton, Inc., 1981.

Schweinhart, L.J., Weikart, D.P. Young Children Grow Up, The Effects of the Perry Preschool Program on Youths Through Age 15 (Monograph No. 7). Michigan: High/Scope Press, 1980.

Scott, Keith G., Field, Tiffany, and Robertston, Evan G. (Eds.) Teenage Parents and their Offspring. New York: Grune & Stratton, Inc. 1981.

Stevens, Joseph H. "The Consequences of Early Childbearing." Young Children, Jan. 1980.

Steward, Margaret and Steward, David. "The Observation of Anglo, Mexican and Chinese-American Mothers Teaching Their Youngsters." Child Development, 1973, 44, 329-337.

Truss, Carroll V. and Others. "Parent Training in Preprimary Competence." Paper presented at the Annual Convention of the American Psychological Association, San Francisco, 1977. ED 153-701.

Tulkin, Steven R. "Social Class Differences in Maternal and Infant Behavior." In P. Herbert Lederman (Ed.) Culture and Infancy: Variations in the Human Experience. New York: Academic Press, Inc., 1977.

Wallace, N., Gold, E.M., Goldstein, H. and Oglesby, A.C. "A Study of Services and Needs of Teenage Pregnant Girls in the Large Cities of the United States." American Journal of Public Health, 1973, Vol. 63, No. 1, 5-16.

Washington, Vivian E. "Models of Comprehensive Service-Special School-based." Journal of School Health, May 1975, Vol. XLV, No. 5.

Weikart, David. "Development of Effective Preschool Programs: A Report on the Results of the High-Scope Ypsilanti Preschool Projects." Ann Arbor, Michigan: University of Michigan, 1963.

Weikart, David and Lambie, Delores Z. "Early Enrichment in Infants." In Dennenberg, V. (Ed.) Education of the Infant and Young Child. New York: Academic Press, 1970.

Welcher, Doris. Paper presented at the annual conference of the National Association for the Education of Young Children, Atlanta, 1979.

Whimberg, Arthur and Whimbey, Linda Shaw. Intelligence Can Be Taught. New York: E.P. Dutton and Company, 1975.

Widmayer, Susan M., and Field, Tiffany M. "Effects of Brazelton Demonstrations on Early Interactions of Preterm Infants and Their Teenage Mothers." Infant Behavior and Development, 1980, 3, 79-89.

White, Burton. The First Three Years of Life. New Jersey: Prentice-Hall, Inc., 1975.

Parent and Staff Roles and Relationships In Programs for Young Handicapped Children

Ellen Winkelstein
Roosevelt University

The present study was undertaken as part of the Roosevelt University Dean's Grant Project. A major goal of Dean's Grants Projects nation-wide is the revision of teacher education curricula in order to prepare teachers for settings that integrate handicapped children into the regular classroom as mandated by Public Law 94-142. Early childhood teacher education programs must prepare teachers not only for integrated settings but also for settings in which parents are involved in educational and administrative components of the program. This study is concerned with the issue of early childhood teacher preparation for new roles with parents in programs for young handicapped children and programs that integrate handicapped children with normal children. The parent roles, related staff roles, staff/parent relationships, and in-service training provided for the staff will be the specific foci of consideration. Implications will be drawn from the findings of this study for the design of pre- and in-service training to prepare early childhood teachers for these new roles in working with parents.

An important dimension of programs for young children with handicaps is the role of parents. The involvement of parents in these programs has been studied extensively. Federally funded programs, such as Head Start and First Chance programs for low income and handicapped preschoolers respectively, have incorporated specific administrative and educational roles for parents. The rationale for parent involvement is threefold: parents' knowledge of, control over, and satisfaction with the child-rearing process is increased; the continuity between home and school is improved; and the child's learning and development is thereby enhanced. For parents of handicapped children, the benefits considered to accrue from parent involvement are particularly significant, since the child-rearing process is fraught with difficulties at every step along the developmental continuum. For this reason, consi-

derable attention is paid to involving parents as important figures in the education of young handicapped children.

Given the inclusion of parent roles in programs for handicapped children and the import of these roles for the child and the family, consideration must be given to enhancing the functioning of parents within these roles. The present study therefore is directed toward the basic issue of the staff roles and training needed in order to support parents so that the assigned tasks of the parent role can be performed effectively. The study will focus on the following variables that relate to performance of the parent roles: staff roles, staff/parent relationships, and relevant staff training vehicles. Staff training is needed in this area because, ordinarily, little previous training for performing these roles with parents has been provided. In a recent study of staff/parent relationships in day care programs (Winkelstein, in press), staff members indicated a need for such training.

The literature was reviewed for programs that were considered exemplary, were well described, and included clearly defined parent and staff roles. First Chance programs for handicapped young children, funded by the Bureau of Educationally Handicapped, met these criteria. Several mainstreamed programs were also included namely Head Start and a university-based cooperative preschool. With the exception of Head Start, the integration of handicapped young children into the regular classroom occurs only informally, since preschool and day care programs are not part of the public school system. Programs for young handicapped children will therefore be the major focus of study.

Parent and staff roles and relationships will be studied across different program delivery systems for preschool handicapped children. Karnes and Zehrbach (1977) identified different delivery systems in describing alternative models for delivery of services by First Chance programs. The three major systems to be included in this study are home based models, home and center based models, and center based

models. The latter models encompass programs for handicapped children only as well as programs that integrate handicapped with normal children. Two programs representing each delivery system will be described. In addition, two programs for each of the two types of center based programs, mainstreamed and non-mainstreamed, will be included. Data will be presented on the following program characteristics: the central program components, the parent and staff roles and relationships, and the training provided for staff to carry out the parental support roles. If parent and staff roles and staff training are found to be consistent within each program delivery system, then these roles and the related training will be compared across different program delivery systems.

Programs for young handicapped children include many different roles for parents. Shearer and Shearer (1977) have identified various parent roles in First Chance programs. This study will utilize the following Shearer and Shearer parent role definitions: primary teacher meaning that the parent becomes the child's primary teacher; staff member defined as being a paid or volunteer member of the teaching staff; curriculum developer meaning that the parent participates in planning the child's educational program; assessor of skills meaning involvement in assessment and screening of the child; evaluator and record keeper defined as evaluating the child's progress; administrator defined as membership on the advisory council of the program; counselor involving the parent supporting other parents through meetings and other ways of working together for the benefit of every child; recruiter defined as contacting or referring other parents to the program; and disseminator meaning participation in dissemination of information about the program locally, regionally or nationally.

These parent roles are supported by staff roles, which are defined by each program, and these roles lend themselves to the development of specific kinds of staff/parent relationships. The staff roles to be considered in this study are either

directed toward work with parents only or combine responsibilities toward parents with other teaching or administrative responsibilities.

Staff training vehicles will be categorized according to three models for in-service training specified in previous work in this area (Winkelstein et al., 1976). These in-service training models are: the "inside trainer" model in which training is done by someone within the program who has a defined training role; the "advisor/consultant" model in which an outside expert comes into the program to do the training through such vehicles as modeling, conferences, staff meetings, workshops, courses; or the "materials" model in which the training is done through the utilization of written training materials.

Home Based Models

The Portage Project

Program description. A major home-based model is the Portage Project for handicapped children from 0 to 6 years of age in a rural area in Portage, Wisconsin (Karnes and Zehrbach, 1977, pp. 23-25). The children served are from farms and small towns in this large area of Southern Wisconsin. The program was funded initially by the Bureau of Educationally Handicapped and now is supported by local school districts and the State Department of Public Instruction. A wide range of handicapping conditions is represented including: mental retardation, speech and language problems, physical handicaps, behavioral problems, cultural deprivation, emotional disturbance, and hearing and vision impairment. Home teachers, who are either professional or paraprofessional, spend 1½ hours per week in the home, while the parent works with the child the rest of the week. The instructional program is implemented through a developmental sequence checklist and a set of 450 curriculum cards from the Portage Guide to Early Education. Each week specific goals are defined for the child. The home visitor gives the family the program for the week and then observes the parent working with the child. Regular records of the child's progress are maintained.

Parent and staff roles and relationships. The home teacher's role is to enable the parent to become the child's own teacher (Weber et al., 1975). This is done by designing realistic weekly curriculum goals appropriate for the individual child and modeling the activities to be used to achieve these goals for the parent. The home teacher then observes the parent doing the activity with the child and gives immediate feedback on how the parent is doing. The parent is involved in planning the curriculum to a greater and greater extent. The parent also keeps a record of the child's progress. The parent role thus becomes that of the child's primary teacher, curriculum developer, assessor of skills, and evaluator and record keeper.

The home teacher/parent relationship becomes very close with mutual trust and confidence exhibited between teacher and parent. The relationship is task-oriented focused on the educational task-at-hand, namely the parent learning the necessary teaching skills to educate her own child.

Staff training. The home teacher must be skilled in designing and implementing an individualized curriculum as well as in teaching the parent to do this on her own. Thus, curriculum development and parent education skills are involved. To enhance these skills, a strong in-service training focus is included. Several in-service resources are available to home teachers. Home teachers work together as a team, so that problems can be discussed and help in resolving problems given. These team meetings occur weekly and a master teacher provides administrative and training support to the team. Furthermore, ongoing feedback is received from the family on the appropriateness of the goals and activities so that revisions can be made. Finally, new home teachers receive a set of written procedures designed by more experienced home teachers.

To summarize, the major approaches to training are: the "inside trainer" model, implemented through weekly staff meetings with input from a master teacher; and training through the use of written materials giving recommendations to new staff for all aspects of the program.

South Douglas County Early Childhood Education Project

Program description. There are a number of programs utilizing an approach similar to the Portage Project. One such project is the South Douglas County Early Childhood Education Program (1972) which serves the towns of Myrtle Creek, Canyonville, and Tri-City, Oregon. This is a rural area in which there are lumbering, farming and mining. The project is sponsored by three school districts and serves 450 3-5-year olds and 40 handicapped children from 0-5 years old. Learning packages are brought into the home by community coordinators, who are mothers from the community. The parents receive assistance in teaching the learning package, if they ask for it. In addition, other learning activities already present in the home are recommended. For handicapped children, the community coordinators visit two or three times a week when the child begins the program. Once the parent and child are familiar with the program, the visit is made once a week. As in the Portage Project, the emphasis is on the parent becoming involved in selecting the educational activity and in the child's learning specific educational skills. The overall goal of the project is to form an educational partnership between school and community.

Parent and staff roles and relationships. The community coordinator/parent relationship in the home is basic to the formation of the school/community partnership. Again, as in the Portage Project, the community coordinator role is to support the parent in teaching her own child. Materials are selected and presented in an individualized fashion for each child and modeled for the parent. The community coordinator also evaluates the child's progress. The parent again learns the skills required for the role of teaching her own child. These teaching skills involve effectively using the project lesson packages and developing new ideas for educational activities based on every day happenings in the home. The parent role involved is that of the child's primary teacher, curriculum developer, and assessor of skills.

As mentioned above, the staff/parent relationship is considered to be an educa-

tional partnership. The staff member provides support for the parent's feeling of competence, usefulness and belongingness in the educational endeavor. Parental input into the project lesson packages is encouraged so that there is a sharing in curriculum development.

Staff training. Coordinators need to be familiar with the content of the lesson, with individualizing the lesson for a specific child, with modeling the lesson for the parent, and with evaluating the child's progress. Both teaching skills and communication skills are involved. Several in-service training vehicles are included in the program. Weekly staff meetings are utilized to learn the requisite teaching skills and to provide feedback on the handling of parent reactions to the educational content of the program. Home visit simulation exercises are given to work on staff/parent communication. These staff meetings and simulation exercises represent forms of the "inside trainer" model.

Summary

The two home based programs are the same in their emphasis on the role of the parent as the child's primary teacher with all of the related teaching roles entering in, i.e., curriculum developer, assessor of skills, and in one program, evaluator/record keeper. The home teacher must obviously be skilled in all of these areas herself, if she is to teach them to the parent. In addition, she must be a skilled parent educator able to set attainable individualized goals for both child and parent, to model for the parent, to give appropriate feedback and reinforcement, and to involve parents in planning (Weber et. al., 1975, pp. 42-45). The staff/parent relationship represents an educational partnership. Ongoing in-service training was provided. The "inside trainer" model was used in both programs and additional written training materials were provided for new staff in the Portage Program.

Home and Center Based Models

Home and center based programs either start with the young child in the home followed by a center based program when the child is older or, more commonly, the child and parent participate in both home and center based programs concurrently.

The PEECH Project

Description of program. The PEECH (Precise Early Education of Children with Handicaps) project is for handicapped children aged 3 and older from 15 school districts in rural areas of Illinois (Karnes and Zehrbach, 1977, pp. 31-33). The program is supported by local, state and university funds and is run by the University of Illinois in Champaign-Urbana. The program is offered in 8 classrooms located in the university and in neighboring public schools. Ten handicapped children and 5 "normal" children are enrolled in each class, while a few children are served in home based programs. The classes each have one certified teacher and one paraprofessional as well as student teachers and various supporting professionals. There is also a parent coordinator for the parent program. There is an emphasis on language development, which is a major problem area for many of the children. The GOAL curriculum (Game Oriented Activities for Learning) developed for use with disadvantaged children, is used in a modified form. The children spend 2½ hours a day in the program. Parent involvement includes group meetings, conferences, classroom observation, direct teaching by parents in the classroom and at home, a parent and toy lending library, membership on an advisory board, and involvement in screening of children.

Parent and staff roles and relationships. The teaching staff and parent coordinator work with parents to prepare them for direct teaching roles under the supervision of the teaching staff (Warner et al., 1973, pp. 7-8). Teaching staff and the parent coordinator have group discussions with parents, analyze classroom observations, and initiate role playing. Monthly home visits are made by the parent

coordinator. Parental roles in the program include the direct teaching or staff member role (not the role of the child's primary teacher as in the home based programs), an administrative role as member of the advisory board, and an assessor of skills role in screening the children.

A team approach exemplifies the relationship between staff and parents. Depending on individual parental needs, different relationships with appropriate professionals are fostered.

Staff training. Again, as in the home based programs, staff skills involve both teaching of handicapped children and parent training skills. In the center and home based program, however, additional teacher training skills are needed to help the parent work in the classroom with a group of children as well as in the home with her own child. Again, in-service weekly staff meetings are held. In addition, ancillary team members--psychologists, language therapists, and social workers--provide support to the teaching staff and parent coordinator through individual conferences and case staffings. Written curriculum materials also serve as a training resource. Thus, the inside trainer and materials types of training are provided as well as outside advisor/consultants serving as ancillary team members.

Chapel Hill Training Outreach Project

Description of program. This program is supported by the public schools of Chapel Hill, North Carolina, which developed the program, and also by the Community Action Agency, Junior Service Leagues, and Neighborhood Youth Corps (Karnes and Zehrbach, 1977, p. 33). A curriculum guide (A Planning Guide to the Preschool Curriculum: The Child, The Process, The Day) has been specifically designed to implement a developmentally based set of behaviors (the Learning Accomplishment Profile). Children attend the program for part of the day while attending day care, kindergarten or first grade programs for the rest of the day. Parent involvement is basic to the program and takes a variety of forms including home visits, parent group meetings,

and workshops. Parent-child objectives are designed and learned to implement these objectives and to evaluate progress toward them.

Parent and staff roles and relationships. Some parents in the program serve as staff members in the role of paid classroom aides (Shearer and Shearer, 1977, p. 214). They learn specific teaching skills including behavior modification techniques and task analysis skills. Parents also take an evaluation and record keeping role. They take baseline data and graph progress toward objectives. Another role is to respond to a questionnaire evaluating the program's success. The questionnaire deals with parental satisfaction with such aspects of the program as staff/parent communication, home programming, and accessibility of staff.

A Family Services Coordinator works with the classroom teacher and parents. She is responsible for home visits and for planning the parent program (Warner et al., 1973, pp. 14-15, 19-20).

Staff/parent relationships are maintained through parent/teacher meetings, home visits, parent group meetings, and workshops. Staff success is assessed by parents, and staff can then modify their program activities to meet parent needs better.

Staff training. Outside consultation is provided by a consulting psychologist who conducts training sessions which include workshop activities, micro-teaching and role play, and critiquing of video tapes of teacher performance (Warner et al., 1973, p. 15). In addition, individual consultation and supervision is provided by inside trainers including the Program Director, a Special Education Coordinator, and a Family Services Coordinator. Finally, written curriculum materials are important resources to staff.

Summary

The home and center based programs utilize parents as staff members, rather than as the child's primary teacher as was the case in the home based programs. Roles related to the staff member role are, for one program, an assessor of skills

role, and for the other, an evaluator and record keeper role. In addition, in the PEECH program, parents take an administrative role. A different staff role and staff/parent relationship are evident, since the staff member is working with parents on a classroom teaching team in contrast to the home based approach in which the parent taught her own child. Again, staff require skills in teaching and in parent education but additional skills in teacher training and in team teaching are needed. The training models utilized are the inside trainer model and written training materials, as before, as well as outside consultants who provide direct training to parents and in-service training to staff.

Center Based Models

In this model, services to the child and parents are provided primarily at the center. Center based programs include programs designed for young handicapped children only, as well as mainstreamed programs which integrate handicapped and normal children. The first two programs presented in this section are for handicapped children only and the last two are mainstream programs.

Cheshire (Connecticut) Preschool Program

The Cheshire Preschool Program is an early intervention program for mildly and severely handicapped children from 3 to 6 years of age (Corsini and Rothschild, 1976). Sixty-four children were served in the program from 1972-1976 with the following handicapping conditions: hearing impairment, cerebral palsy, cleft palate, autism, hyperactivity, language delay, mental retardation, and emotional disturbance. A team approach is utilized with the mother included as a member of the teaching team. The team is made up of the teacher, teacher aide and parents who work with small groups of 6 children for 2½ hours a day (Corsini et al., 1979). An open setting is provided in which children choose their own play activities while the teaching staff support and expand on the learning related to these activities. The mother interacts with

her child and studies her child in order to understand his/her learning style, interests, and learning problems. Consultants from various disciplines and other school support services are utilized.

Parent and staff roles and relationships. The parent takes a central role in the program as a member of the teaching team. Parents also serve as models for each other in the classroom and provide mutual support in the daily parent meetings. Parents take a variety of other roles in the programs, such as becoming members of the advisory board, fund raising, and writing a program newsletter.

Staff serve as models for interacting with the child. They give suggestions for activities and for specific behaviors to observe and provide the mother with feedback. They do individual planning with the mother for her child. In addition, staff meet daily with mothers as a group to analyze classroom occurrences. Staff offer workshops for parents, visit the home to make recommendations about the physical environment, analyze videotapes of the child with the parent, provide a Saturday School for fathers, maintain a list of community resources, and coordinate the work of other professionals involved with the family. The staff/parent relationship is an open and honest one intended to make parents feel that their participation is producing positive results.

In sum, the many parental roles in the program are staff member, curriculum developer, assessor of skills, administrator (board member), and counselor of other parents.

Staff training. The team approach to teaching involves skill on the part of teachers in working with child and mother so that their strengths and learning are enhanced. Staff consider process oriented skills rather than particular activities with parents to be most important. The basic training role in the program is that of teacher supervisor (Hartford, 1976, p. 50). The teacher supervisor works with the teaching staff on curriculum development, the parent program, and evaluation of the

children's progress. She also determines the need for specific types of consultants and integrates their efforts. Consultants available to the program are a psychiatrist, an evaluation consultant, an architect, and a developmental optometrist. Thus, an inside trainer and outside consultants provide the in-service training for the program.

The Rutland Center

Description of program. The Rutland Center in Athens, Georgia serves 73 emotionally disturbed 2 to 14-year-olds (Karnes and Zehrbach, 1977, pp. 46-49). It is funded by the State Departments of Education and Human Resources, the Division of Mental Health, and the State Board of Education. The program provides a statewide network which offers services to severely emotionally or behaviorally disturbed children throughout Georgia. Children attend the program for 1 to 2 hours a class, from 2 to 5 days per week. The rest of their time is spent in day care, preschool, or regular school programs. Full integration of the children into the regular classroom is the major goal. Sixty staff members work in the entire program, and a team of lead teacher, support teacher, and parent monitor works with 8 children. The parent monitor works directly with the parents. Major approaches used with parents involve observing parent/child interaction and conferences. The Center utilizes the Developmental Therapy curriculum, a psychoeducational treatment process focused on the following developmental areas: behavior, communication, socialization, and academics.

Parent and staff roles and relationships. Parents are involved in one or more of the following program activities: parent conferences, observing the child's behavior at the center, participating in the treatment team at the center, and using new management procedures with the child at home (Wood, 1972, pp. 139-144 & 106-107). There is also a parents' auxiliary association which serves both as a parental support group and as a means by which parents can help the center.

The parent monitor is in direct contact with the parent and maintains a close, personal relationship. Depending on parental needs, different types of relationships are established. Parents are sometimes seen in small groups in which common problems are discussed. The monitor is an experienced parent educator, usually with a background in social case work as well as in the Developmental Therapy curriculum. She is therefore able to communicate with parents about the basic program components and involve them in teaching their own child and in curriculum development.

Depending on the type of parental participation, the parent role may be that of staff member, curriculum developer, or counselor (through membership on the parents' auxiliary association).

Staff training. Each center director develops an in-service training program and a Technical Assistance Office helps implement the program (Wood, 1972, pp. 176-177). All staff members on the treatment teams are provided with ongoing in-service support in the form of daily and weekly staff meetings, treatment meetings, and consultation by specialists. Thes consultation services are offered by a psychiatrist, psychoeducational coordinator, evaluation team, pediatrician and others. Professional training through academic courses can be arranged for staff members who desire it. In sum, training is delivered through the role of the inside trainer, taken by the center director, and through the advisor/consultant role, performed by consultants and by a technical assistance office. In addition, the Developmental Therapy Curriculum serves as a written training vehicle. Finally, college courses are available leading to career development.

Bernice M. Wright Cooperative Preschool Program

Description of program. This cooperative preschool is run by Syracuse University (Soppitt-LeSure & De Stefano, 1977). Handicapped children are integrated into the regular preschool program. There are 16 children in each group with a head teacher, two assisting student teachers, and one parent. Approximately 5% of the

children in the program are handicapped. Children with the following specific types of disabilities have been enrolled: retardation, blindness, learning disabilities, autism, spina bifida, deafness, and multiple handicapping conditions. The program has an open environment with activities initiated by both teacher and child. Within the open environment, activities appropriate to each individual are planned according to a Developmental Therapy checklist. These program characteristics as well as a high teacher/child ratio make it possible to individualize for the special needs child. The cooperative relationship makes possible a close communication between parent and teacher, which is particularly important to the parents of the handicapped children.

Parent and staff roles and relationships. Parents are involved in decision-making regarding the program and their own child. Parents observe teacher/child interactions and interact with all of the children. Parents of both handicapped and non-handicapped work together and share information about all of the children in the program. The staff observe and develop individual plans for each child. This planning and assessment is done with ongoing input from parents and therapists. Among the parent group, parents of handicapped children show the most interest in teaching their own child and in sharing their knowledge about the child with the teaching staff. The relationship between parents and staff is very close and feelings of mutual friendship and support develop. Parents are thus involved in a variety of roles: staff member, curriculum developer, assessor of skills, administrator and counselor.

Staff training. Again, observational and planning skills are required accompanied by the ability to communicate this information to parents. Another type of staff skill, which is basic to the success of this cooperative, integrated program, is the interpersonal skill needed to interact with parents in both educational and administrative settings. The director serves as an inside trainer and meets with

teaching staff weekly. Individual supervisory meetings with each teacher are also held and the Developmental Therapy checklist is reviewed. Faculty from the School of Education and the College of Human Development serve as outside advisor/consultants. Another training resource is the faculty advisor to the program, who supervises the teachers in an independent study experience carrying academic credit. The training program therefore includes an inside trainer, written materials, advisor/consultants, and academic study.

Head Start Programs

Description of program. There is a federal mandate to integrate 10% handicapped children into Head Start programs. Head Start, therefore, serves as a model for mainstreaming in early childhood education nation-wide. An important component of this mainstreaming effort is the involvement of parents in the development of their own child (Cohen, 1975). The Head Start class is staffed by a teacher and a community aide. Individualized planning for all of the children is basic to the program (Lynch et al., 1978). Plans are designed by the teacher, the parent, Head Start staff representing all components of Head Start, i.e., education, health, social services, and parent involvement, and representatives of outside agencies. For the handicapped child, the planning process results in an Individualized Education Plan, as required by Public Law 94-142 as well as by Head Start Performance Standards. The planning process involves diagnosing the child's educational needs and specifying the curriculum activities and special services required to meet these needs. In addition, the parent role in implementing the plan is defined.

Parent and staff roles and relationships. Regular conferences are held between staff and parents, and at least 2 home visits are made per year. If needed, more visits are made to parents of handicapped children to ensure that close contact is maintained. Staff support parents visiting and volunteering in the classroom. Parents participate on the Policy Council which makes decisions about the program (Head Start

Program Performance Standards, 1976). The teacher/parent relationship focuses on the educational program for the child, since the teacher's role is that of the child's educator. If parents of handicapped children need further emotional support, the teacher recommends social service systems. Alternatively, the parent coordinator who works directly with parents can focus the relationship on social service counseling and referral. The parent coordinator meets with parents both individually and in a supportive group setting. A close partnership relationship between program staff and parents, especially of handicapped children, is the goal. Thus, parents in Head Start programs take many roles including that of staff member, curriculum developer, assessor of skills, administrator, and counselor.

Staff training. In-service training and technical assistance is provided to ensure the effective implementation of all components of the Head Start program. In working with handicapped children, the social service and parent involvement components are directly relevant as well as the basic educational component. Training is delivered in the following ways: by educational coordinators serving as inside trainers within the program, by outside consultants coming into the program and giving workshops or holding conferences, and by written plans designed in accordance with Head Start Performance Standards.

Summary

The above descriptions show that across the 4 center based programs, the parent and staff roles and relationships are consistent regardless of whether the programs include both normal and handicapped or only handicapped children. In comparison to the home and the home and center based programs, the parent roles in center based programs are more complex. Six of the nine roles specified by Shearer and Shearer (1977) are found in these programs, namely the roles of staff member, curriculum developer, assessor of skills, evaluator and record keeper, administrator, and counselor of other parents. Furthermore, the potential for the parent to take the role of pri-

mary teacher of the child is emphasized in all programs. This increase in scope of the parent role is accompanied by an expansion in the related staff functions. In the Rutland and Head Start programs, a separate staff role is designated specifically for working with parents. The latter role includes both educational and counseling and referral functions. The staff/parent relationship thus takes on a social service dimension instead of the primarily educational orientation of the previous program delivery models. These additional staff functions require further in-service training resources. The training and supervisory functions of the inside trainer, therefore, become more extensive and more clearly defined. The outside advisor/consultant training includes not only individual consultants but also specialized technical assistance systems. Finally, college level professional courses are available in the Rutland and Bernice M. Wright programs so that staff members can upgrade their professional careers.

Summary

Programs are contrasted according to service delivery models in Table 1. Differences in parent and staff roles and relationships and in staff training are evident across program delivery models. The home based programs focus appropriately on the primary teacher role for the parent with the accompanying curriculum development, assessor of skills, and evaluation/record keeping roles. In contrast, the home and center based programs focus on the functions of staff members on the teaching team and administrator of the program. Finally, the center based programs include the counselor role in which parents give support to each other as they work together in the program. The parent roles of recruiter and of disseminator, found by Shearer and Shearer (1977), were not found in the present study indicating that these roles are not common to all programs for young handicapped children.

As the parent roles expand, there is a corresponding increase in the functions of the staff. In home based programs, the home teacher role includes teaching and

TABLE 1

PARENT AND STAFF ROLES AND RELATIONSHIPS AND STAFF TRAINING
IN DIFFERENT PROGRAM DELIVERY MODELS

Parent and Staff Roles and Relationships and Staff Training	Program Delivery Model		
	Home Based Programs	Home and Center Based Programs	Center Based Programs
Parent Roles	Primary Teacher Curriculum Developer Assessor of Skills Evaluator/Record Keeper	Staff Member Assessor of Skills Evaluator/Record Keeper Administrator	Staff Member Curriculum Developer Assessor of Skills Evaluator/Record Keeper Administrator Counselor
Staff Roles	Home Teacher Parent Educator	Parent Educator Teacher Trainer	Parent Educator Teacher Trainer Social Service Counselor
Parent/Staff Relationships	Educational Partnership	Teaching Team	Teaching Team Personal Counseling
Staff Training	Inside Trainer Written Materials	Inside Trainer Written Materials Advisor/Consultant	Inside Trainer Written Materials Advisor/Consultant College Courses

parent education. The home and center based programs add the role of teacher trainer to prepare parents to be staff members on the teaching team. In the center based programs, the social service role is added to the parent education and teacher training roles.

Accompanying these changes in parent and staff roles are changes in the parent/staff relationships. The educational partnership of the home based programs becomes a team teaching approach in the home and center based programs. Instead of one major area, the relationship focused on two areas in the center based programs, with the educational team relationship augmented by a personal counseling relationship.

Paralleling this increasing complexity in roles and relationship is a broadening and deepening of the in-service training vehicles. This is shown by a progressive addition of training models across program delivery systems. Specifically, home based programs provide inside trainers and written training materials only, home and center based programs add outside advisor/consultants, and center based programs add college courses while intensifying the thrust of the other 3 types of training.

These differences in roles and training across program models may reflect differences inherent in providing direct service to the individual child and family at home in contrast to service at the center. Perhaps service in the home is easier to deliver than center based service, although more expensive. The elimination of the home component may therefore necessitate the increased complexity of roles and training noted as one goes from home only, to home and center, and finally to center only types of delivery models.

To summarize, this study of published descriptions of exemplary programs for handicapped young children in both mainstreamed and non-mainstreamed settings indicates that a hierarchy of parent and staff roles and relationships and related in-service training vehicles exists across program delivery models. The results show that as the program delivery model changes from home, to home and center, to center

based, the parent and staff roles, relationships, and training models become increasingly diversified and complex.

Conclusions and Implications

Results of this study of parent and staff roles and relationships across program delivery models indicate that center based programs, whether for handicapped young children only or for both normal and handicapped young children, incorporate a variety of complex staff roles and related skills to be used in working with parents. Home based programs and home and center based, although they include less diverse and complex roles, still require new skills on the part of staff members.

These results have implications for pre- and in-service teacher education programs. Pre-service programs are sorely needed in this new area. Their focus must necessarily be rather broad in scope in order to prepare teachers for the wide range of roles and skills in working with parents found in this study. In-service programs must fill the present gap in pre-service training. In contrast to the general focus required for pre-service education, in-service training can be specifically focused on the roles and functions found within a particular type of program delivery model. In designing in-service training, comprehensive descriptions of existing training programs are required unlike the usual rather brief and general descriptions found in the literature. Furthermore, some basis for selecting the appropriate training model is needed. Findings of the present study were that additional training models were selected as the roles to be performed increased in complexity. A different basis for selection of training was proposed in a previous study (Winkelstein et al., 1976), namely that training models be selected according to characteristics of the program rather than of the role to be performed. In order to determine which set of criteria for selection results in more effective training, further evaluative study is needed.

In conclusion, pre- and in-service teacher preparation for roles with parents are basic to effective educational programs for young handicapped children and their

families. In-service programs must be described in detail and specific criteria for selection of training included. These in-service programs can then be replicated and evaluated in order to identify the training model(s) that will result in the most effective performance of specific roles with parents. Pre-service programs must be carefully designed keeping in mind the wide variety of roles with parents found in the programs considered in this study. Institutions with Dean's Grant Projects can lead the way in revising the curriculum in order to provide teachers with the broad base of preparation needed for settings that involve parents in the education of young handicapped children.

References

Cohen, S. Integrating children with handicaps into early childhood education programs. Children Today, 1975, 4, 15-17.

Corsini, D., and Rothschild, J. Parental approach for early intervention of learning disabilities. Final report 1972-1976. Cheshire, Conn.: Cheshire Public Schools, 1976. (ERIC Document Reproduction Service No. ED 126 649)

Corsini, D. and Others, Working with parents of preschool children with developmental problems. Paper presented at the Annual Meeting of the National Association for the Education of Young Children, Atlanta, November 8-11, 1979. (ERIC Document Reproduction Service No. ED 182 047)

Hartford, D. Learning to learn: Parental pre-school approach for early intervention of learning disabilities. Cheshire, Conn.: Cheshire Public Schools, 1976. (ERIC Document Reproduction Service No. ED 126 650)

Head Start program performance standards self-assessment/validation instrument. Washington, D.C.: Department of Health, Education and Welfare, 1976.

Karnes, M.B., and Zehrbach, R.R. Alternative models for delivering services to young handicapped children. In J.B. Jordan, A.H. Hayden, M.B. Karnes, and M.M. Wood (Eds.), Early childhood education for exceptional children: A handbook of ideas and exemplary practices. Reston, Virginia: Council for Exceptional Children, 1977.

Lynch, E.W., Simms, B.H., Von Hippel, C.S., and Shuchat, J. Mainstreaming preschoolers: Children with mental retardation. Washington, D.C.: DHEW, 1978.

Shearer, M.S., and Shearer, D.E. Parent involvement, In J.B. Jordan, A.H. Hayden, M.B. Karnes, and M.M. Wood (Eds.), Early childhood education for exceptional children: A handbook of ideas and exemplary practices. Reston, Virginia: Council for Exceptional Children, 1977.

Soppitt-LeSure, S., and De Stefano, C.T. Description of the Bernice M. Wright cooperative preschool program. Syracuse, N.Y.: Syracuse University, 1977. (ERIC Document Reproduction Service No. ED 165 380)

South Douglas County early childhood education project, first year evaluation report, July 1, 1971 to June 30, 1972. Myrtle Creek, Oregon: South Umpqua School District, 1972. (ERIC Document Reproduction Service No. ED 072 848)

Warner, D. and Others, Exemplary programs for the handicapped. Volume III. Early childhood education, case studies. Cambridge, Mass.: Abt Associates, 1973. (ERIC Document Reproduction Service No. ED 079 890)

Weber, S.J. and Others. The Portage guide to home teaching. Portage, Wisconsin: Cooperative Education Service Agency 12, 1975. (ERIC Document Reproduction Service No. ED 189 785)

Winkelstein, E. Day care/family interaction and parental satisfaction. Child Care Quarterly, in press.

Winkelstein E., Rubovits, P.C. Tucker, D.G. and Barden, M. In-service training models for early childhood education programs. ERIC/ECE: Cat. #149, Urbana, Ill.: University of Illinois, 1976.

Wood, M.M. The Rutland center model for treating emotionally disturbed children. Athens, Georgia: Georgia University, 1972. (ERIC Document Reproduction Service No. ED 087 703)

Gamesmanship: An Additional Strategy for Minimizing the Negative Effects of Game Playing

James Henderson
Roosevelt University

The mandate of P.L. 94-142 to place disabled students in least restrictive school settings adds additional pressure to an age-old curriculum problem in physical education: how to minimize any possible negative effects (such things as embarrassment, shame or ridicule) when introducing games to students who have differing abilities and capacities. Physical education teachers are generally very aware of the sources of these negative effects: the "Little League" parents who push their children too hard, the coach whose identity is synonomous with winning, social institutions that tend to reward winners and ignore losers and so on. They also know that these negative effects fall particularly hard on those students who, in the "game" of life, must struggle daily with a handicapping condition.

Fortunately, the physical education profession has developed several strategies for minimizing the negative effects of game-playing. There is the <u>developmental strategy</u>, an approach based on students' maturational patterns. The idea is to introduce young students to "low organized" games (games which have simplified rules) and then gradually increase the complexity of the game in conjunction with the students' physical and/or socio-emotional maturation. Considerations drawn from developmental psychology serve as the foundation for this strategy. "Basket Race Ball" is an example of a low-organized game. The object of this game is to throw a basketball over the centerline of a basketball court and run around a pattern of four bases before a designated member of the opposing team catches the thrown ball and makes a basket (Anderson, 1972, pp. 249-250). Though this game takes place on a basketball court with a basketball, it is much easier to play than the normal game of basketball.

The <u>self-challenging strategy</u> puts the emphasis on the "personal challenges" in the game. This strategy can be implemented verbally by the teacher with such well-

known admonitions as: "Remember students, it's not who wins or loses in this game, it's how you challenge yourself to do better!" If the structure of the game strongly encourages comparison, such admonitions will probably have little impact on the students. A more effective approach would be to introduce students to games that structurally encourage self-challenging. There are a whole host of these types of games, examples of which can be found in books on "movement education" and "movement exploration." For example, the teacher using a movement exploration approach might develop a series of questions to challenge his or her students. The following series of questions is taken from A Guide to Movement Exploration:

1. Can you bounce the ball keeping it waist high?
2. Now can you take the ball down to a very low bounce?
3. Can you change hands and keep the ball bouncing just as low with this hand?
4. This time, how low can YOU go while bouncing the ball? Keep it bouncing as you get into that low position. (Hackett and Jenson, 1973, pp. 25-26)

There are many variations to the non-competitive game strategy. One such variation, which falls under the category of "integrated physical education," combines group physical activity with academic problem solving. The approach here is to get the student so involved in solving a particular math problem (or some other academic problem) that the competitive aspect of the game is diffused. "Twelve-square jump-scotch" is an example of this approach. In this game the students jump from one numbered square to the next consecutively numbered square, adding as they go. They stay in the game until either they make an addition error or step on a line (Arnheim and Pestolesi, 1978, p. 243). In another variation, of the non-competitive strategy, students are introduced to games which have a cooperative emphasis. Games such as "Earth Ball" have this design. In this game a group of students must keep an oversized ball from touching the ground without ever holding the ball. Other variations to the non-competitive game strategy could certainly be mentioned. The underlying

approach in any of these variations would be to underplay the competitive nature of the game by highlighting other features of the activity.

The adapted game strategy minimizes the negative potential in games through a deliberate and selective adjustment of the game's rules. The overall purpose for the adaptations is to create games in which a particular disability (or disabilities) does not handicap the player. For example, water games serve as an equalizer for students with certain physical disabilities. A variation of this approach is the adjustment of the rules of the game so that the more able students are given handicaps that put them on equal footing with their less able compatriots. Arnheim and Pestolesi describe a basketball game in which high ability students must shoot farther out from the basket than low ability students (Arnheim and Pestolesi, 1978, p. 65).

Finally, there is the no-game strategy. As an approach for minimizing the potential negative effects in game playing, its title speaks for itself: simply avoid playing games. This can be done in physical education by introducing such non-game activities as hiking, backpacking and bird watching. Though this strategy is rather drastic, it is quite effective.

These, then, are the main strategies used by physical educators to minimize the negative effects of game playing. The focus of each of these strategies, with the exception of the no-game approach, is on modifying the game's content and structure so as to minimize a game's potential negative effects: either the content of the game is simplified; or the game becomes a series of challenges or problems that must be solved; or the game is simultaneously played at several levels of sophistication. Students introduced to a game curriculum using all of these strategies would be playing a variety of different types of games under a variety of different conditions. Though such a games program would be quite comprehensive, it would have one omission. It would not ask students to reflect on conditions under which they would choose to play or not play a game.

Students would not be asked to formally deal with this question since none of the above mentioned strategies focuses on questions of a game's physical and psychological boundaries. Stated another way, none of the above strategies asks students to consider the nature of their entry into, and exit from, games. This would be a curious oversight for a games program since games not only have content and structure, they also have boundaries. Games consist of rule-governed or structured content which can be repeated over time and which have definite physical and psychological limits (Avedon and Sutton Smith, 1971, p. 439). Thus, a player knows that when he is on the "field," he is part of the football game. He also knows (as does his coach) that even though he may physically be on the playing field, if he is not concentrating on the game at hand, he is not truly a part of the game.

Games are also generally described as voluntary activities. This would imply that players voluntarily enter and leave the boundaries of the game. With respect to this feature of game playing, if a football player wishes to leave a game but is forced or feels compelled to continue to play, is he still really playing the game? Or, is he doing something else that looks on the outside like football playing but truly is only drudgery or fear or labor...or whatever?

A strategy which focuses on game boundaries rather than content and structures is feasible in a physical education curriculum. For want of a better term, this strategy could be called gamesmanship. Gamesmanship would promote the view that games are means to more important ends. Traditionally, these more important ends to game playing have included such objectives as social fellowship, relaxation and character building. Once these more important ends-in-view are established, for a particular curriculum, a gamesmanship code could be implemented. The main tenet of this code would state that a student could never be asked to enter a game, or once in a game, should never feel compelled to continue playing if the game is not meeting that student's proper purposes for playing. In fact, the code could declare that it is the "gamesman's" duty to leave a game that is not serving its purpose. This code would

thus encourage students to think of games as voluntary, "bounded" activities that serve larger, more important aims.

An important feature of the code would be the distinction between a graceful and ungraceful exit from a game. A student who gracefully exits from the game would only do so if he or she could state why, from that student's point of view, the game was no longer serving its proper end. "Ungraceful exits" would result more from momentary discomfort rather than deep reflection. The physical education teacher has often heard the reasons for ungraceful exits: "I don't like this game any more because I'm losing." "This game isn't any good because it's too hard."

There are a variety of ways that a gamesmanship code could be introduced to students. A committee of interested students, teachers, parents and administrators could establish this code at the beginning of the school year. Their deliberations should not only include a delineation of the valued "ends" of game playing but also graceful means for exiting from games that are not serving those "ends." A gamesmanship code could also be portrayed through skits or plays or even by highly visible guest speakers who live by their own version of such a code. (There are, after all, many well-known athletes who operated with a sense of "gamesmanship.") Historical models of gamesmanship could be introduced to students. The original Greek conception of the Olympics or the British view of the amateur sportsman are two such models. Students could also undergo role playing sessions that would enable them to vicariously experience different ways of practicing gamesmanship. Certainly, a physical education teacher seriously committed to gamesmanship could find many other ways to implement this strategy.

The following curriculum is offered as a concrete example of how a gamesmanship approach could be incorporated into a physical education program. The curriculum would begin by introducing students to the difference between a gamesman and a gamester. The gamesman would be defined as an individual who lives by a code when playing games, while the gamester would have a much narrower view of games. This distinction would be introduced to the students via a dramatic production. (This writer has a copy of

such a production which was written by a fourth grader.) The dramatic production would then be used as the basis for not only understanding the differences in outlook between the gamesman and the gamester but as a means for defining a gamesmanship code. Once the code has been defined (perhaps with the help of the students' parents), the students would be given safe opportunities to practice it. The safe opportunities would be game playing episodes in which the risk of failure or losing is not that high or that important. The gamesmanship code would then be gradually incorporated into the physical education curriculum in accordance with the readiness and maturity of the students. The ultimate goal of this curriculum strategy would be the establishment of the gamesmanship code on a school-wide basis wherever games are played on the school's premises. Such a goal, however, if at all feasible for a particular school, may take many years to be accomplished.

Despite his/her commitment to a gamesmanship strategy, the physical education teacher should be aware of three quite significant constraints on the implementation of this strategy. From a developmental point of view, elementary students are generally not capable of reflecting on the overall purposes of their game playing. Consequently, they may require a great deal of adult modeling and highly structured procedures if a gamesmanship strategy is to have any impact on their behavior. Secondary students will be more capable of reflecting on their game playing behavior and thus be able to more readily cooperate with a gamesmanship code. From a cultural point of view, many students are taught, and have modeled for them, that the proper "end" for game playing is to win or to be a star. Students who are locked into this point of view concerning game playing may find it difficult to consider other purposes for playing games. Finally, from a psychological perspective, students who have been reinforced to view games as "means" for winning (they have won a lot) may find it difficult to accept other reasons for playing those games.

Hopefully, none of these constraints will prove to be insurmountable to the determined physical education teacher given the potential value of a gamesmanship program.

It affords students the opportunity to rationally consider their game playing behavior from a variety of points of view instead of being locked into one point of view: WINNING! Stated another way, gamesmanship can teach students that games are, after all, voluntary activities in which the ultimate integrity of the activity lies with the individual participant's purpose for playing the game and not with the structure or format of the activity. This could be an important lifelong lesson for students--the lesson that they, and not someone else or some system, ultimately determine the value an activity has for them.

The gamesmanship strategy also affords the physical education teacher the opportunity to design games that are consistent with a variety of purposes. For example, the teacher can include "mainstreaming" purposes in his/her gamesmanship code. In fact, because the strategy allows for a plurality of ends-in-view with respect to game playing, it should have an enduring place in the educational programs of our pluralistic society.

Perhaps, however, the strongest argument for the use of the gamesmanship strategy in physical education programs is that it can be used to encourage students to reflect on the ethics and aesthetics of gameplaying: Why do I even bother to play games? If a game lacks in important ethical or aesthetic dimensions, should I feel compelled to play the game anyway? These are the types of questions which physical educators should be encouraging their students to ask, not only because these questions and their answers help diffuse possibilities of negative game experiences when diverse populations of students are involved but because these are the types of questions which sustain a sense of civilization. And, after all, physical educators are ultimately <u>educators</u>.

References

Anderson, M. et al. Play with a Purpose. New York: Harper and Row, 1972.

Arnheim, D. & Pestolesi, R. Elementary Physical Education. Saint Louis: C.U. Mosby, 1978.

Avedon, E. & Sutton-Smith, B. The Study of Games. New York: John Wiley and Sons, 1971.

Hockett, L. & Jenson, R. A Guide to Movement Exploration. Palo Alt, California: Peck, 1973.